

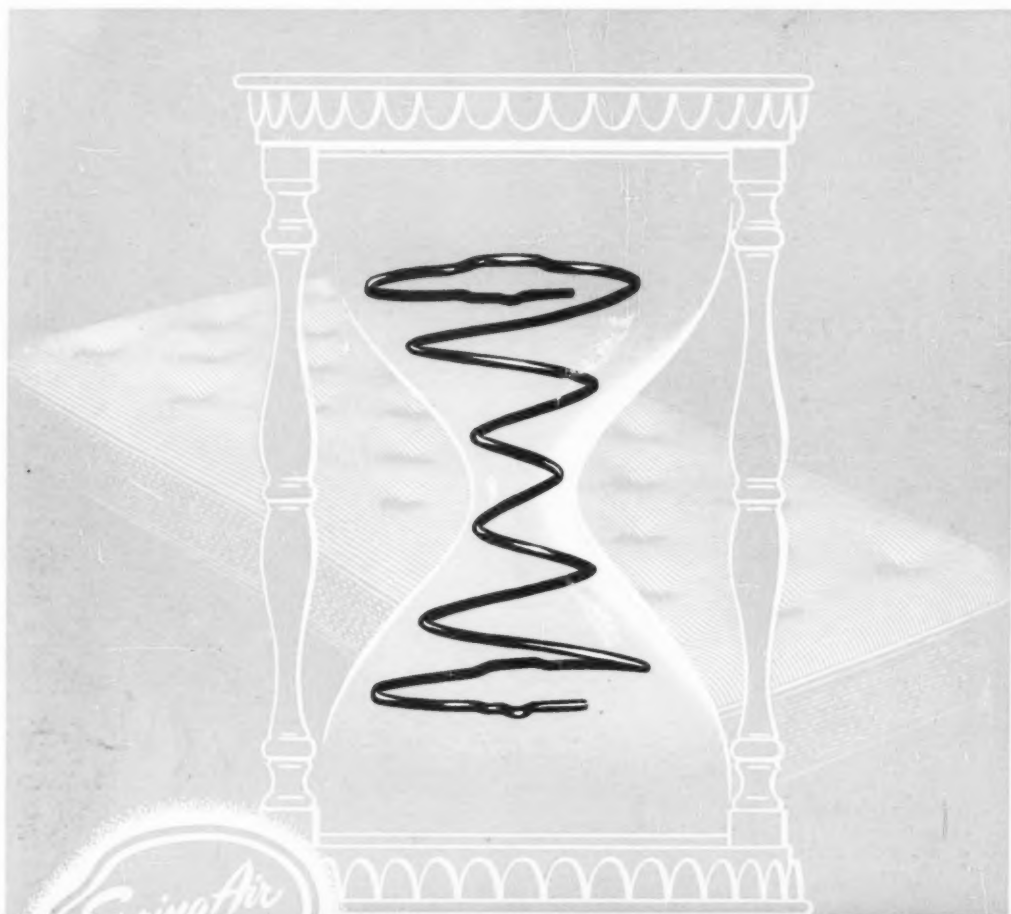


# ***The Modern Hospital***

**JANUARY 1949**

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**Mobile beauty shop for hospitals • New ideas in hospital  
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# The Modern Hospital

JANUARY 1949

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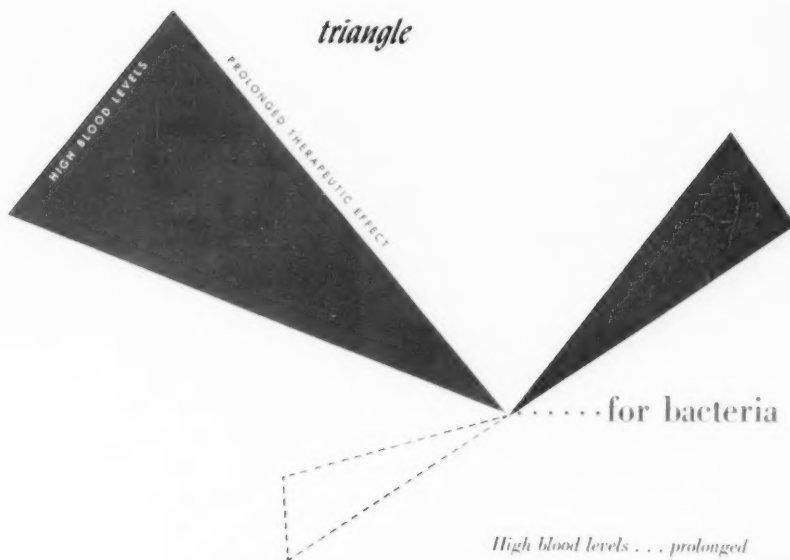
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## AMONG THE AUTHORS

Alfred E. Maffly is administrator of Herrick Memorial Hospital and executive director of the Herrick School of Hospital Arts at Berkeley, Calif. Following graduation from the University of California in 1921, he had ten years' experience in business as an office manager and accounting systems expert, then entered teaching and school administration. In 1933, Mr. Maffly became administrator of the Berkeley Hospital, which under his direction was changed into a nonprofit corporation and renamed Herrick Memorial to honor Dr. Francis L. Herrick, who founded the hospital in 1904. Last year, Mr. Maffly coordinated educational programs for nurses and technicians into the Herrick School of Hospital Arts. Soon to be added are courses for medical record librarians, psychiatric nurses and trained attendants. Mr. Maffly is past president of the East Bay Hospital Conference and a trustee of the Association of California Hospitals. He acted as consultant for the hospital addition described in his article on page 59 and has also been consultant on other projects.



A. E. Maffly

Melvin H. Dunn is assistant superintendent of St. Luke's Hospital, Kansas City, Mo., where he has worked continuously since graduation from high school sixteen years ago—with the exception of four years in the navy during the war. Before the war, Mr. Dunn was chief x-ray technician at the hospital. He has been an active member of local, state and regional hospital associations. M. Alicia Sayre is director of nurses at St. Luke's. She is a graduate of the Wesley Hospital School at Wichita, Kan., and has a master's degree from Teacher's College, Columbia University. The article by Mr. Dunn and Miss Sayre appears on page 77.



M. H. Dunn



M. A. Sayre, R.N.

Herbert M. Krauss is administrator of Burlington Protestant Hospital, Burlington, Iowa, having learned hospital procedures the hard way—as a patient in eight different army hospitals for eighteen months, receiving care for battle injuries sustained as an infantry captain in the Normandy invasion. Mr. Krauss polished off his education with a master's degree in hospital administration at the University of Chicago and an administrative internship with the Kellogg Foundation in Michigan. His article about administrative internships in the small hospital appears on page 70.



H. M. Krauss

Dr. Walter E. Barton has been superintendent of Boston State Hospital since 1945 and spent seventeen years as a psychiatrist in the state hospital system—an aggregate of experience which qualifies him to speak with authority on the physician shortage in state hospitals (see page 84). During the war, Dr. Barton was a lieutenant colonel in the army medical corps, serving as deputy director of the reconditioning division and organizer of the rehabilitation service for the blind and deafened. He is a consultant to the Veterans Administration in psychiatry and occupational therapy.



W. E. Barton, M.D.

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## Reader Opinion

### Reasonable Training Sirs:

I was interested in your October article on the use of employment tests but rather disturbed about the reference to the necessity of "reasonable training."

According to the U.S. Department of Labor "Occupational Outlook Summary" of October pertaining to the personnel field, the number of professional personnel in personnel management is estimated to be no more than 30,000 people throughout the entire United States.

With master's degrees and doctorates by no means unusual in personnel and psychology, and bachelor's degrees merely minimum essentials, "reasonable training" for someone starting a testing program would be at least a bachelor's degree in personnel or psychology plus substantial work experience in job analysis.

Adequate personnel management requires professionally trained personnel,

and the entire problem of human relations and personnel management is an operating and research matter of genuine magnitude.

Donald C. Edmonds  
George Washington University  
Washington, D.C.

Sirs:

Your reader need not have been disturbed by the use of the phrase "reasonable training"—neither this phrase nor any similar one was used in my article. By omission, I did imply that a degree in the field is not a prerequisite to competent performance, and I should like to defend this position.

The reader states that reasonable training for someone starting a testing program is at least a bachelor's degree and substantial experience in job analysis. Last things first: many specialists in testing have never conducted or participated in a job analysis. The two functions are necessary to the personnel mechanism, but there is no necessary

interrelationship between them. One can construct, administer, evaluate and select a test for stenographic ability without ever having performed a job analysis—as a matter of fact, this is usually the case. A bachelor's degree in personnel or psychology has no necessary value. Many of these degrees, and more advanced ones, are granted after only one or two courses in testing have been taken. Unless the major field has been testing per se, many a Ph.D. in psychology is totally unprepared to handle the employment testing function.

The attitude expressed by this reader is a common one, i.e. that a degree is equivalent to professional standing and competence. We have all seen ineffectual administrators who hold the most impressive degrees; and, conversely, highly efficient, professional men who have never been able to type "Ph.D." at the end of their signature. In the face of the fact which the reader states that there are all too few professional people working in the field of personnel management, we cannot afford to maintain arbitrary and often inapplicable standards.

I concur most heartily with the statement that the field of human relations and personnel management is a matter of great magnitude; accordingly, I cannot agree with naive and prejudiced selection technics in the placing of personnel workers. In this field, as in any other, we would do well to hire a man for what he is able to do, rather than for what titles happen to impress us.

D. H. Radler

Chicago

Both sides are right. The phrase "reasonable training" was used in a caption, not in the text.—ED.

### New Approach Needed Sirs:

In your hospital planning round-table (March 1948) the architect says: "Down in my section of the country. I have occasion to meet with pre-appointed boards of trustees for projected hospitals, particularly now that this hospital law is under way, and invariably the men that represent the projected hospital are uninformed on any phase of hospital management or

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planning, or any other aspect of the hospital field. About all they know is that they are eligible to build a hospital under the terms of some law, and that they can get some money to help them build a hospital, and that they are important enough to represent the community in an effort to get the hospital built. The first step in their minds is the employment of an architect in the construction of a building. To them it's just another building project. . . ."

What commentary on today's "leading citizen."

There is a tendency to identify the successful businessman with the leading citizen. The comments of Maj. Gen. Philip B. Fleming, F.W.A. administrator, (*Amer. Planning and Civic Annual*, 1947, American Planning and Civic Association) are interesting:

"... Businessmen are inveterate planners. The manufacturer plans an uninterrupted supply of raw materials. He plans his labor supply. He plans his production line. He plans with as much forethought as possible his sales and advertising campaign. He leaves as little as possible to chance, knowing

that failure to exercise forethought may spell the difference between success and bankruptcy.

"Because we are such confirmed planners in our private affairs, it is remarkable that until recently we have been so indifferent to planning our common affairs. We allowed our cities to grow up haphazardly and now find that it will cost us untold millions of dollars to make them over into decent and healthful places in which to live. . . ."

Planning that affects the whole community should, of course, be democratic. For hospitals: a majority of physicians, nurses, hospital administrators, labor union representatives would probably make better boards of trustees. A majority of businessmen would probably be satisfactory in the planning of mortuaries. Corpses in mortuaries are merchandise; sick people in hospitals are not.

Then your editorial comments (September 1948) on Frank Lloyd Wright's views on architectural specialization: "... In the moral world that Mr. Wright's work postulates, no architect would undertake to plan a hospital without first investigating every aspect of the problem that a hospital presents, or without sharing his responsibility and associating himself with a consultant prepared to offer this service. In such a world, specialization would have no particular purpose in architecture, and a roster of approved hospital architects would indeed be a hateful and unnecessary yoke on creativity, as Mr. Wright conceives it now. In the world as it is, however, architects, like hospital administrators, trustees and editors, are human beings, and human beings are often immoral, loving neither God nor one another, or ignorant, knowing not how little they know."

I am aware of a tragedy: that inevitably most hospitals for this and the next generation of Americans will not be built under the best possible circumstances. Yet I cannot share your thorough disgust with humanity and do believe that your noble efforts with *THE MODERN HOSPITAL* help much to bring closer "the moral world that Mr. Wright's work postulates."

Your editorial goes on saying: "... In the world as it is, specialization and approval rosters, and Appendix A, are safeguards against human frailty."

With this, excepting the reference to Appendix A, I should like to take issue, because it is, in my opinion, an illusion.

There is a lack of understanding on the public's part, and through no fault



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of the public, of a peculiar situation that exists in our time in the architectural profession. It is a situation that has no parallel in the medical or any of the other professions. Yet it is very important that this situation be understood by all who are about to invest in building.

A well known New York architect says, in a book of his, something to the effect that whenever he meets new people and has to disclose his profession, he says he is a modern architect. He feels the necessity of such qualifying.

*De gustibus non est disputandum.* However, the foregoing does point up a fact and that is: a revolution has been going on through the past few decades in the approach to architectural planning and design, in the learning and teaching of it in the schools and in practicing it. This revolution, inspired by American technical achievements and the work of such Americans as Sullivan, has mainly occurred in Europe. Its results are being adapted in this country. Today it is history, both in Europe and in our country, South America, too, that the generation of architects that still has to fight for its share of work, had to pioneer as students, demand in the schools of architecture the teaching of architectural planning and design as a product of political (economical and sociological), functional, technological and esthetic research and analysis.

There still is, however, today a large segment of well entrenched, practicing architects, which has ignored, worse yet, decried this change.

This is the reason why I fully agree with Frank Lloyd Wright, a disciple of Sullivan, when he is doubtful of specialists with long experience, and approval rosters that tend to favor them.

The progressive architect does not like to consider himself a specialist, because he will not attempt to do architectural planning without first "doing a prodigious amount of research" regardless of whether it is the first, second, third or nth job of its kind he has to develop. Thorough knowledge of building materials' technology and engineering knowledge of the great variety of structural systems are not exclusive with specialization. Rather, the contrary is true.

As for general functions and accepted procedures — there is ample printed information available today for almost any type of building. It is

rather the "differences" that require the prodigious amount of research and the cooperation of some consultants.

Structural design, heating, ventilating and air-conditioning design, design of electrical wiring and equipment are all part today of an architect's training, yet he will share responsibility and avail himself of the cooperation of consultants in all these fields. I doubt that this progressive set of architects will ever think of trying to create a hospital without consultation on medical, nursing and hospitalization matters.

There is one thing only they will be reconciled with: what so often had to be done in schooldays is still to be done in professional practice, that is, to make all concerned understand that a new approach to planning is a vital necessity.

Frank E. Ehrenthal

San Francisco

**Sorry!**

Sirs:

You can imagine my surprise in reading the November edition of your magazine when I read that I had been named superintendent of the Southeast Texas Baptist Hospital. Yes, it was a surprise to read this since just last month I observed my second anniversary with this project; having come here Sept. 15, 1946, from the City & County Hospital of Gulfport, Miss. It will be greatly appreciated if you will make this correction in the next edition of the magazine.

C. J. Fielden Jr.

Beaumont, Tex.

*For not checking an item picked up from another source, shame on us.—Ed.*

**Good Old Days?**

Sirs:

Here is something I came across recently that may interest your readers—from a paper describing the Hotel-Dieu of Paris in 1788:

"In the obstetrical wards, patients were placed four to six in a bed, those about to be confined, those recently delivered, those in the second week, those who are sick and those who are not communicating their ills to one another, greatly crowded.

"The mortality . . . was from 20 to 25 per cent. Maternal mortality following delivery was one death in every fifteen cases, and one child out of every thirteen was stillborn. Infant mortality was appalling."

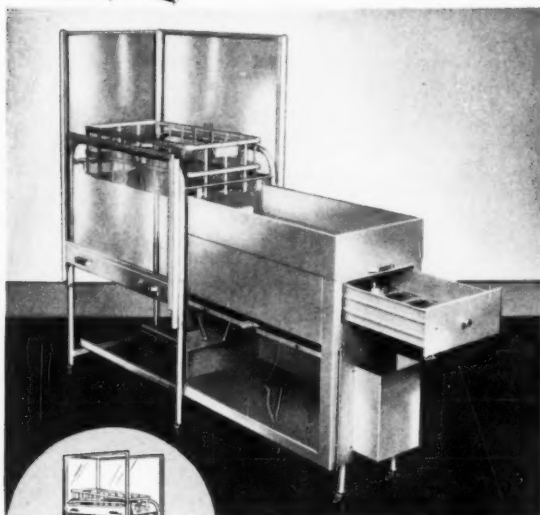
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Above, **BERGMAN Glass-Sided BASSINET and DRESSING TABLE.** One glass side lowers to provide easy access to infant. Dressing table pulls out from narrow side. Drawer holds required utensils in removable tray. Storage compartment below with disappearing-type door. Entire unit made of finest enameled steel or stainless steel in welded, crevice-free construction.

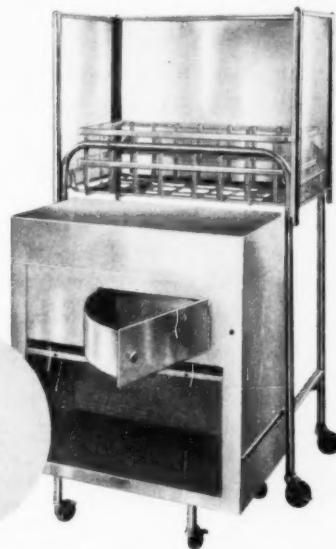
Right, **MERCY Glass-Sided BASSINET and DRESSING TABLE.** Safety glass shields on three sides. Dressing table slides out. Specially-designed quarter-circle drawer swings out, holds necessary utensils. Large storage compartment below for sterile linen and other supplies; has disappearing-type door. Unit available in enameled steel or stainless steel.

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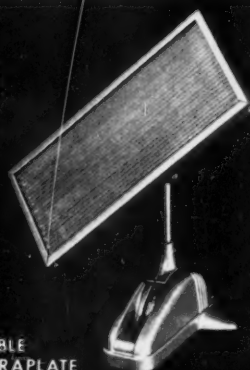
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Boom type—adjustable for wide ray coverage. Operates on A. C. only.

Theraplate projects one of the longest and most penetrating infra-red rays that have yet been produced. The secret of this unusually long ray is an aluminum element fused into tempered glass by a patented process. Your patients are insured absolute safety by the insulation afforded in the glass. Exposure to Theraplate rays may be made for an indefinite period of time without harmful or injurious effects. No need for eye-protecting goggles. Surface blistering and burning rays have been eliminated. The **TEMPERED GLASS** used in Theraplate is a special development made to endure dropping or rough contact with other objects, without cracking or breaking.

Theraplate offers a lifetime of use without necessity of repair or parts replacement. Theraplate is underwriter approved.

\* Now being used in such well-known hospitals as—Polyclinic, New York;  
Walter Reed, Washington, D. C.; Hahnemann, Philadelphia.

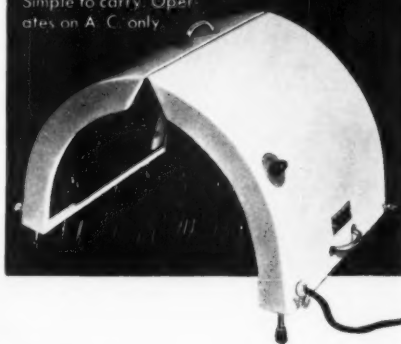


## PORTABLE THERAPLATE

for table and bed use. Lightweight, easy to move model complete with clamp attachments. Operates on A. C. or D. C.

## THERAPLATE OVEN

Practical movable unit. Designed for complete enclosure of treating area. Simple to carry. Operates on A. C. only.



For further  
**THERAPLATE**  
information  
**MAIL TODAY!**

## INFRA-APPLIANCES CORP.

154 Nassau Street, New York 7, N. Y.

Please send me complete information on Theraplate.

Name

Address

City  Zone  State



BY PROFESSIONAL REQUEST...  
**the new  
duplex★  
package**

With physicians and surgeons suggesting various sizes, for their own convenience, of this uniquely effective dressing as Cover, Pack, and Drain for wounds and burns, Baybank is pleased to announce a further development—the *Duplex Package!* This new package contains two 3" x 18" 'Vaseline' Sterile Petrolatum Gauze Dressings, each a fine-meshed, sterile, absorbent gauze strip uniformly saturated with sterile white petroleum jelly U.S.P., accordion-folded, and heat-sealed in its own compartment of a compact "Siamese twin" aluminum-foil envelope. In the Duplex Package, Dressings are identical in every respect, except length, with Dressings in the Individual Package.

Dependably sterile...easily stored... Baybank Dressings are always ready for either routine or emergency use in hospital, home, factory, doctor's office, ambulance, or at site of accident. Both packages available through Surgical and Hospital Supply Dealers.

**BAYBANK PHARMACEUTICALS, INC.**  
*Division of Chesebrough Mfg. Co. Cons'd*  
17 STATE STREET, NEW YORK 4, N. Y.

**Vaseline**  
TRADE-MARK ®  
**Sterile Petrolatum Gauze  
Dressing**

3"x36" introduced Jan., '48

Two 3"x18"

Available Jan., '49

# American



**Problem . . .** A large building program at St. Mary's Hospital made increased laundering capacity a necessity. The question: How to provide an adequate flow of clean linens at minimum cost?

**Solution . . .** Our Laundry Advisor was called in for consultation. He carefully surveyed the hospital's laundering requirements, submitted his recommendations and prepared a layout for an efficient, new laundry department. Hospital then installed the latest, labor-saving and cost-reducing equipment, shown on these pages.

**Results . . .** Linens laundered sterile-clean and returned to service on much shorter schedule than before. Uninterrupted flow of clean linens is more than adequate to satisfy increased requirements. Quality of laundering improved. *Laundering costs reduced 20 to 30%.*

## Remember . . .

Every Department of the Hospital  
Depends on the Laundry

Hospitals, *large or small*, are invited to discuss their laundry problems with our Laundry Advisor. There is no obligation. **WRITE TODAY.**

*Your hospital will benefit by selecting from American's complete line of the most advanced and productive hospital laundry equipment.*

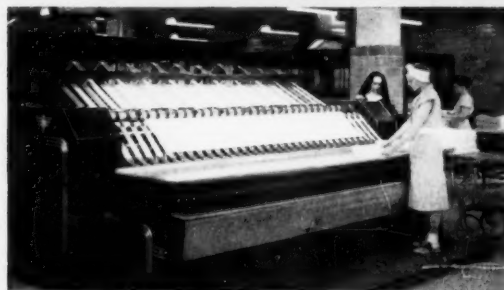
## THE AMERICAN LAUNDRY

# Modernized Laundry Department at 900-Bed St. Mary's Hospital, Rochester, Minn.

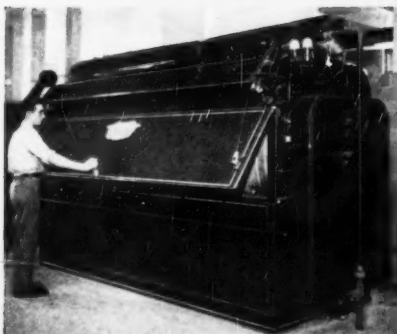
In modernized laundry of St. Mary's Hospital, two MAMMOTH CASCADE, one CHAMPION CASCADE Washers with Companion Washing Controls, automatically wash huge loads in strict accordance with tested formula.



Loaded Containers are lifted by electric hoist, conveyed by overhead rail and lowered into NOTRUX Extractor. After extraction, Containers are lifted out the same labor-saving way, and conveyed along overhead rail to succeeding departments.



Saving labor of two operators, this TRU-MATIC Folder automatically folds large flat pieces twice lengthwise as they come from 8-Roll SYLON Flatwork Ironer. Second SYLON Ironer, right, irons small pieces.



Large loads of towels and other items not ironed, are quickly fluff-dried in this HIGH-SPEED Tumbler.

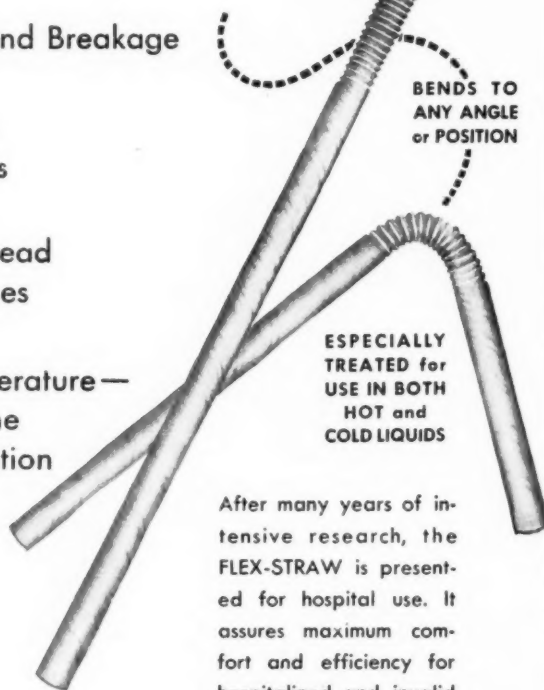


**MACHINERY CO. CINCINNATI 12, OHIO**

# FLEX-STRAW

**THE ALL-PURPOSE DISPOSABLE  
DRINKING TUBE with PATENTED,  
FLEXIBLE ANGLE...**

- Sanitary — Disposable
- Bends to Any Angle
- Eliminates Sterilization and Breakage
- Saves Valuable Time at Current High Labor Costs
- Lessens Possibility of Spread of Communicable Diseases
- Treatment in High Temperature — Resistant Micro-Crystalline Wax Prevents Disintegration in Hot Liquids.



After many years of intensive research, the FLEX-STRAW is presented for hospital use. It assures maximum comfort and efficiency for hospitalized and invalid patients, providing a personalized, disposable drinking tube for every need.

PATENTS  
ALLOWED  
and PEND.



## FLEX-STRAW CORP.—CLEVELAND 3, OHIO

Enter our order for  
FLEX-STRAWS (\$5.00 net per thousand; 5% Discount on  
5,000—10% on case of 10,000.)

Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zone State \_\_\_\_\_  
Our Distributor \_\_\_\_\_

DEPT. A

**FLEX-STRAW CORPORATION**

4300 Euclid Avenue  
CLEVELAND 3, OHIO, U. S. A.

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**OHIO CHEMICAL MAKES**

*everything* **FOR ADMINISTERING ANESTHETIC GASES**

#### **OHIO CHEMICAL PRODUCTS**

Heidbrink Anesthesia Apparatus  
Ohio-Heidbrink Oxygen Therapy  
Apparatus • Kreiselman Resus-  
citators • Scanlan-Morris Steri-  
lizers • Ohio Scanlan Surgical  
Tables • Operay Surgical Lights  
Scanlan Surgical Sutures • Steril-  
Brite Furniture • Recessed Cabi-  
nets • U. S. Distributor of Stille  
Instruments.

#### **OHIO MEDICAL GASES**

Oxygen • Nitrous Oxid  
Cyclopropane • Carbon  
Dioxid • Ethylene • Helium  
and mixtures • Also Labor-  
atory Gases and Ethyl  
Chloride.



You will find Ohio Chemical a complete source of supply for all surgical anesthesia requirements, including gases and administering equipment • Heidbrink Kinet-o-meters meet all requirements of surgeon and anesthetist for the administration of the various anesthetic gases generally employed. Included in the 52 models described in the Heidbrink Surgical Anesthesia Catalog are mobile units of three types—cart, stand, cabinet—and portable apparatus weighing as little as 35 pounds • You cannot afford to decide upon anesthetic equipment without first having complete details of how "Ohio" can meet your needs. Write for Heidbrink Surgical Anesthesia Apparatus Catalog. For immediate detailed information, call our nearest branch sales office.

*Ohio Chemical* 

**THE OHIO CHEMICAL & MFG. CO.** 1400 East Washington Avenue, Madison 10, Wisconsin • Branch offices in principal cities • Represented in Canada by Ohio Chemical Canada Limited, Montreal and Toronto, and internationally by Airco Corporation (International), New York 18.

# NOW...MODERNIZE YOUR R & DEPARTMENT AT NO EXTRA COST

*Do it with the New Merck*

## *Fused-Label Chemical Bottles*

RAHWAY, N. J.—Merck & Co., Inc. has begun distribution of the new Merck *fused-label* chemical bottle sets. Pharmacists who have examined these uniquely modern, permanent containers state that they are ideal in many ways.

These new containers give greater legibility to labels. The labels take plenty of wear without becoming soiled or nicked. Any soilage is easily removed with a cloth or a piece of paper. Bottles and labels are designed for profes-

sional appearance and workability. The "Duraglas" bottles are extremely easy to handle, and the clear legibility of the labels is a real factor in saving the pharmacist's time.

There is no extra cost involved, since you pay no premium for the *fused-label*. For your convenience, the filled Merck bottles are assorted in sets of 25 and 12, according to size. Set A includes the twenty-five most frequently used prescription chemicals, in the 250 cc. size.

Dual Label Follows New Official Nomenclature



An outstanding feature of the new Merck *fused-label* bottles is the second or "working" label on the side opposite to the name label. While the display label carries the English title in bold type, working labels give name, weight and other pertinent data. Both labels on each bottle are part of the glass itself.

## PUNISHMENT TESTS PROVE WEARABILITY ON THE JOB

In the development of this new prescription chemical bottle, the labels were subjected to extensive "wear-and-tear" tests. They withstood, without damage, any commercial treatment that glass itself will stand. The labels cannot be marred by scratch marks in ordinary usage. They can be disfigured only by treatment that is capable of marring glass, and by concentrated acids or lye.

## GLASSMAKER REVEALS PROCESS

*Label Fused to  
Bottle at 1,100°  
Temperature*

MILLVILLE, N. J.—Unlike old time labels, the new Merck chemical bottle label is *fired into the glass and is part of the glass itself*. In explaining the process, glass engineers report that pigments are fused at a temperature of 1,100°. This modern procedure assures permanency and legibility; the moistureproof label can be cleaned easily with a wet cloth or dry cloth.



## Dual Label Improves Professional Store Appearance

SAN FRANCISCO, CALIF.—Test-store experience with the new Merck bottles has shown how the working set can serve as a good-looking professional display. With working labels facing the prescription laboratory, a modern, uniform row of display labels is seen by the customer.



## Department Modernizing Made Easy

CHICAGO, ILL.—Midwest pharmacists who have inspected the new Merck fused-label prescription chemical containers are delighted with the possibilities they offer in modernizing their prescription departments and in facilitating prescription procedure. These pharmacists call attention to the following advantages of the new bottles:

- 1 Neat, professional appearance.
- 2 Practical, hand-grasp shape and legible lettering.
- 3 Labels that will last as long as the bottles.
- 4 Convenience in ordering by pre-arranged sets.
- 5 Availability of the new fused-labels without extra cost.

## HOW TO ORDER

Get Set "A" Now... Other Sets Later

1. The New Merck fused-label bottles will be supplied in two sizes—250 cc., and 750 cc.
2. You pay no premium for the new fused-label.
3. The bottles are filled and can be ordered only in sets as listed at right.
4. Sets have been grouped according to frequency of use.
5. Bottles are not available singly or empty, except as replacements in case of breakage or loss, or in the event of chemical shortages.
6. Orders will be accepted now for any one or all sets.
7. Sets may be ordered for direct shipment by Merck & Co., Inc., from Rahway, N. J., St. Louis, Mo., or Los Angeles, Calif., with invoicing through your wholesaler. Or place your order with your Merck or wholesaler's representative.



## CHEMICAL LIST—PRESCRIPTION SET

Each set in Schedule I consists of 23 chemicals in 250 cc. bottles  
Each set in Schedule II consists of 12 chemicals in 750 cc. bottles  
(Offer subject to price change and prior sale)

### SCHEDULE I—250 cc. BOTTLES

#### SET A—\$12.62

Acetophenetidin U.S.P. Powd.	4 oz.
Acid Acetylsalicylic U.S.P. Powd.	4 oz.
Acid Boric U.S.P. Powd.	4 oz.
Ammonium Chloride U.S.P. Gran.	7 oz.
Bismuth Subnitrate N.F.	4 oz.
Calcium Carbonate Precip. U.S.P.	3 oz.
Calc. Phos. Tribasic N.F. Precip.	2 oz.
Chloral Hydrate U.S.P. Loose Cryst.	8 oz.
Dextrose U.S.P.	5 oz.
Ephedrine Hydrochloride U.S.P.	1 oz.
Magnesium Oxide Heavy U.S.P.	3 oz.
Milk Sugar U.S.P. Powd.	4 oz.
Potassium Citrate U.S.P. Gran.	10 oz.
Potassium Iodide U.S.P. Gran.	15 oz.
Potassium Permanganate U.S.P. Gran.	12 oz.
Sodium Bicarbonate U.S.P. Powd.	9 oz.
Sodium Bromide U.S.P. Gran.	16 oz.
Sodium Chloride U.S.P. Gran.	10 oz.
Sodium Citrate U.S.P.	10 oz.
Sodium Salicylate U.S.P. Cryst. Free-Flowing	6 oz.
Sodium Sulfate U.S.P. Gran.	8 oz.
Sulfanilamide U.S.P. Not Steril.	4 oz.
Talc U.S.P.	4 oz.
Zinc Oxide U.S.P.	4 oz.
Zinc Sulfate U.S.P. Gran.	8 oz.

#### SET B—\$10.77

Acid Citric U.S.P. Gran.	7 oz.
Acid Salicylic U.S.P. Fine Cryst.	2 oz.
Acid Tannic U.S.P. Fluffy	1 oz.
Acid Tartaric U.S.P. Powd.	6 oz.
Ammonium Carbonate U.S.P. Chlps.	4 oz.
Bismuth Subcarbonate U.S.P.	4 oz.
Calamine Prep. U.S.P.	2 oz.
Calcium Gluconate U.S.P. Powd.	4 oz.
Calcium Lactate U.S.P. Powd.	4 oz.
Calcium Phosphate Dibasic U.S.P.	6 oz.
Choline Chloride	4 oz.
Kaolin Colloidal N.F.	4 oz.
Lead Acetate U.S.P. Gran.	8 oz.
Magnesium Carbonate U.S.P. Powd.	1 oz.
Magnesium Carbonate U.S.P. Heavy Powd.	3 oz.
Magnesium Oxide U.S.P. Light Powd.	1 oz.
Magnesium Trisilicate U.S.P.	3 oz.
Potassium Bromide U.S.P. Gran.	12 oz.
Quinine Sulfate U.S.P.	1 oz.
Saccharin Sodium U.S.P. Powd.	4 oz.
Sodium Benzoate U.S.P. Powd.	3 oz.
Sodium Thiosulfate U.S.P. Cryst.	8 oz.
Stearic Acid U.S.P. Cryst.	8 oz.
Sulfathiazole U.S.P. Not Steril.	4 oz.
Sulfur U.S.P. Precip.	3 oz.

#### SET C—\$16.22

Acetanilid U.S.P. Cryst.	3 oz.
Acid Benzoic U.S.P. Cryst.	2 oz.
Aluminum Chloride N.F.	6 oz.
Ammonopyrine U.S.P. Powd.	1 oz.
Ammonium Bromide N.F. Gran.	10 oz.
Bismuth Subgallate N.F.	4 oz.
Caffeine Citrated U.S.P.	1 oz.

Guaridine Sulfate Natural U.S.P.	1 oz.
Silver Protein Mord U.S.P.	1 oz.
Silver Iodide U.S.P.	16 oz.
Terpin Hydrate N.F. Powd.	3 oz.
Theobromine	1 oz.
Theobromine Sodium Salicylate N.F.	4 oz.
Thymol U.S.P.	1 oz.
Thymol Iodide N.F. Powd.	2 oz.

### SCHEDULE II

#### 750 cc. Bottles

#### SET E—\$13.39

Acetophenetidin U.S.P. Powd.	10 oz.
Acid Acetylsalicylic U.S.P. Powd.	14 oz.
Acid Boric U.S.P. Powd.	15 oz.
Calcium Carbonate Precip. U.S.P.	8 oz.
Calcium Phos. Tribasic N.F. Precip.	7 oz.
Magnesium Oxide Heavy U.S.P.	9 oz.
Milk Sugar U.S.P. Powd.	15 oz.
Potassium Citrate U.S.P. Gran.	24 oz.
Potassium Iodide U.S.P. Gran.	32 oz.
Sodium Bicarbonate U.S.P. Powd.	24 oz.
Sodium Salicylate U.S.P. Cryst.	16 oz.
Free-Flowing	16 oz.
Zinc Oxide U.S.P.	16 oz.

#### SET F—\$14.58

Ammonium Chloride U.S.P. Gran.	16 oz.
Bismuth Subnitrate N.F.	15 oz.
Chloral Hydrate U.S.P. Loose Cryst.	16 oz.
Dextrose U.S.P.	16 oz.
Potassium Permanganate U.S.P. Gran.	32 oz.
Sodium Bromide U.S.P. Gran.	48 oz.
Sodium Chloride U.S.P. Gran.	24 oz.
Sodium Citrate U.S.P.	24 oz.
Sodium Sulfate U.S.P. Gran.	20 oz.
Sulfanilamide U.S.P. Not Steril.	10 oz.
Talc U.S.P.	14 oz.
Zinc Sulfate U.S.P. Gran.	16 oz.

#### SET G—\$12.37

Acid Citric U.S.P. Gran.	20 oz.
Acid Salicylic U.S.P. Fine Cryst.	8 oz.
Acid Tannic U.S.P. Fluffy	5 oz.
Acid Tartaric U.S.P. Powd.	16 oz.
Bismuth Subcarbonate U.S.P.	17 oz.
Calamine Prep. U.S.P.	15 oz.
Calcium Phosphate Dibasic U.S.P.	16 oz.
Magnesium Trisilicate U.S.P.	8 oz.
Potassium Bromide U.S.P. Gran.	32 oz.
Saccharin Sodium U.S.P. Powd.	8 oz.
Sodium Benzoate U.S.P. Powd.	8 oz.
Stearic Acid U.S.P. Cryst.	24 oz.

#### SET H—\$15.33

Ammonium Carbonate U.S.P. Chlps.	16 oz.
Calcium Gluconate U.S.P. Powd.	8 oz.
Calcium Lactate U.S.P. Powd.	12 oz.
Calcium Phosphate Dibasic U.S.P.	10 oz.
Kaolin Colloidal N.F.	10 oz.
Lead Acetate U.S.P. Gran.	24 oz.
Magnesium Carbonate U.S.P. Powd.	3 oz.
Heavy Powd.	10 oz.
Magnesium Oxide U.S.P. Light Powd.	3 oz.
Quinine Sulfate U.S.P.	5 oz.
Sodium Thiosulfate U.S.P. Cryst.	24 oz.
Sulfathiazole U.S.P. Not Steril.	15 oz.
Sulfur Precip. U.S.P.	14 oz.

## MERCK & CO., Inc. Manufacturing Chemists RAHWAY, N. J.

DEPT. M & P-28

Gentlemen:

Please reserve for me chemical sets checked below:

A ☐ C ☐ E ☐ G ☐  
B ☐ D ☐ F ☐ H ☐

Wholesaler's name

Wholesaler's Salesman

Name or store label

Street

City

State

# CHOOSE YOUR HOSPITAL BEDS

## from SIMMONS *Complete Line*



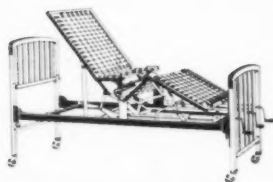
### Simmons Dormitory Beds

Simply constructed, economical. Ideal for use with innerspring mattresses. Widely used in nurses' and internes quarters, or for others who reside permanently in hospital dormitories. Model shown is H-348-SKC.



### Simmons Hospital Crib

All steel construction. Sides slide down to fabric height... are adjustable to six heights above fabric. Each side has two positive safety catches. Finish is chip-proof, washable, and free of lead. Maximum opening between fillers, 3 inches. Height of sides above fabric, 26 inches. Supplied in three sizes. Crib shown is HC-201-1.



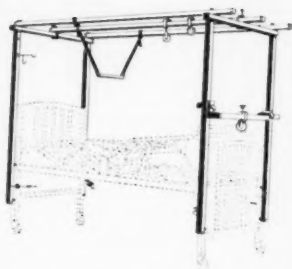
### Simmons All-Purpose Bed

Can handle practically all types of cases. Features famous Multi-position spring (shown in high cardiac position). Has brackets and sockets built in to accommodate portable Balkan Frame, safety sides, end guard and movable irrigation rods. Model shown here is H-829-L-171.



### Simmons Flat Spring Hospital Bed

Widely used where posture-type springs are not needed. Provides economy of construction to meet needs of small budgets, without sacrifice of quality. Steel construction makes this bed easy to keep sanitary. Model shown has built-in backrest. No. H-600-SCC-H-50.



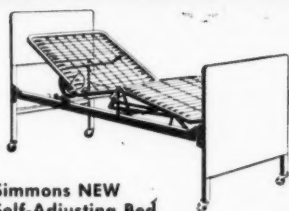
**Simmons  
Portable Balkan Frame**

—clamp-on model. Here is a Balkan Frame which can be used with most all types of standard hospital beds. It is provided with clamps which fasten to end posts at head and foot ends of bed. Comes complete with fracture bars, swivel pulleys and exercise bar. Finished in cadmium. Model H 12 illustrated.



**Simmons  
New Isolation  
Bassinet Unit**

Shown here is the New F-425 isolation bassinet cabinet. It provides space for clothing of the infant patient, and for supplies used in its care. Together with all-plastic Bassinet H-83 and Bassinet Stand HC-285, which also may be kept clean and sterile, it provides the best means of protecting other infants from contamination. All pieces may be ordered separately.



**Simmons NEW  
Self-Adjusting Bed**

Eight positions at control of patient—saves nurse's time. Two convenient frame-mounted handles control simple action. Control by nurse also provided by locking device out of patient's reach. Available with 9 types of bed ends and 2 models with legs attached to spring frame. Model shown here is H-517-L-195.



**Simmons  
Orthopedic Bed  
with Permanent Balkan Frame**

Specially designed by Simmons for hospitals which maintain complete orthopedic wards. Equipped with Simmons Multi-position spring, fracture bars, swivel pulleys, exercise bar and irrigation hook. Model shown here is H-804-L-184.

**SIMMONS COMPANY**  
HOSPITAL DIVISION



# ANNOUNCING NEW

# O-syl

REG. U. S. PAT. OFF.

## DISINFECTANT

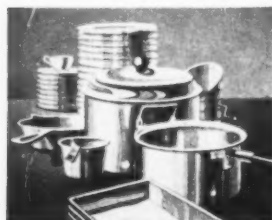
**Non-caustic**  
**Non-irritant**  
**Non-specific**  
**Non-corrosive**  
**Economical**  
**Pleasant odor**



For disinfecting floors, walls, furniture, bedding. Won't fade or discolor.



For the disinfection of surgical instruments and rubber goods.



For the disinfection of dishes used by patients with contagious diseases.

**O-syl is a significant** and important development in the field of disinfectants. A non-irritating, non-caustic, non-specific germicide that successfully and promptly attacks the many pathogenic bacteria and fungi whose elimination is the object of disinfection and antiseptics.

**Economical to use,** O-syl is so highly concentrated that even when greatly diluted, it is extremely powerful in its antibacterial action.

**No disagreeable odor** lingers after disinfecting with O-syl, because O-syl is nearly odorless—unlike many familiar disinfectants in hospital use.

**O-SYL (HOSPITAL STRENGTH, PHENOL COEFFICIENT 5) IS LISTED AT \$3.00 PER GALLON IN GLASS CONTAINERS.**

5% discount for shipment in individual 5-gal. drums  
10% discount for shipment in individual 10-gal. drums  
20% discount for shipment in individual 50-gal. drums  
Freight prepaid on 10 or more gallons shipped at one time to one address. Terms 2% 10 days, 30 days net.

Call your hospital supply dealer today or write direct to Lehn and Fink Products Corp., Hospital Dept., 445 Park Ave., New York 22, N. Y. Professional Sample on Request.

# O-syl

REG. U. S. PAT. OFF.



For the hands as an antiseptic rinse. Doesn't burn or irritate.

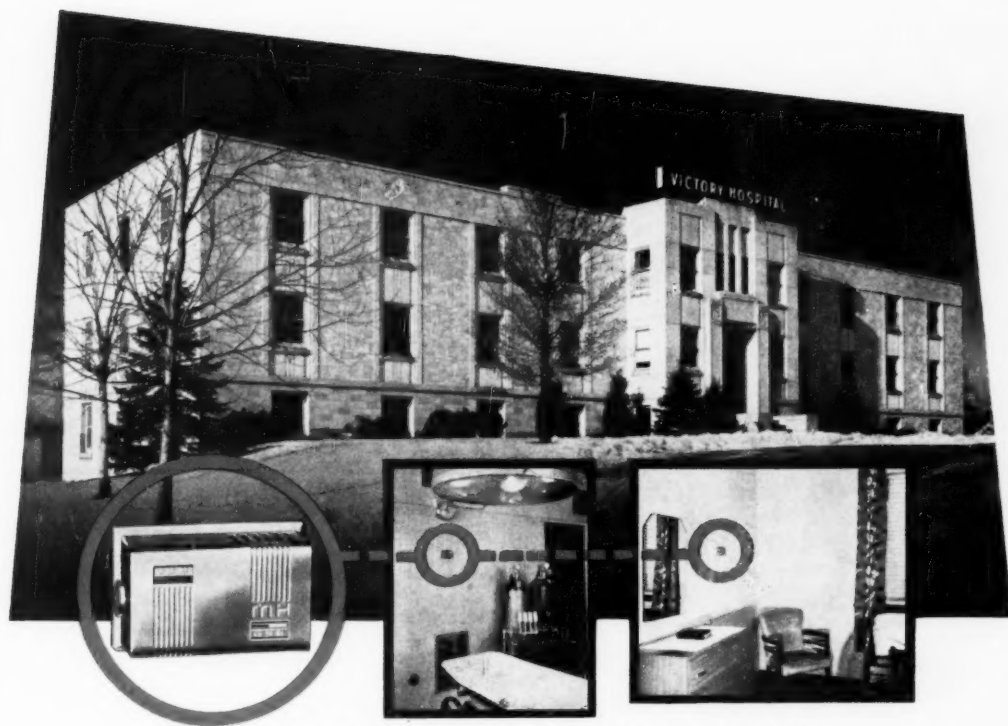
For preparing the obstetric patient.

For ringworm of the foot to disinfect socks, stockings and as a foot bath.

O-syl diluted 100 times makes an economical, potent antiseptic and disinfectant solution for general use—costing as little as 2.4¢ per gallon.







Victory Hospital • Minneapolis, Minnesota • Dr. S. Samuelson, Superintendent and President

# INDIVIDUAL TEMPERATURE CONTROL...

## *In Every Room*

THE temperature in every room at Victory Hospital is maintained, independently of all others, at whatever level is selected. Such automatic control, provided by a Honeywell thermostat in each room, eliminates dangerous temperature fluctuations and affords different temperatures for different rooms, as required. In addition, the special needs of surgery, nurseries, examination and treatment rooms can be met quickly and accurately. The rugged, easy-to-adjust thermostats respond promptly, and compensation is made automatically in every part of the building for all varying weather conditions. This means not only sensitive temperature control, but fuel savings that bring important

heating economies because overheating is eliminated.

In addition to individual room control, there are Honeywell automatic control systems for air conditioning and ventilating. Through control from the outside, the Weatherstat system anticipates changing heat demands resulting from varying weather conditions, and through zoning, maintains balanced temperatures throughout the building. And Honeywell's Brown instruments provide unusual accuracy and sensitivity for recording and controlling pressures, temperatures and flows. Investigate now the complete Honeywell line of both electric and pneumatic controls designed to meet the many special problems of hospitals.

MINNEAPOLIS  
**Honeywell**  
CONTROL SYSTEMS

*"Guarding America's Health"*

MINNEAPOLIS-HONEYWELL REGULATOR COMPANY  
2678 Fourth Avenue South - Minneapolis 8, Minnesota

*Please send me free copy of "Automatic Controls for the Modern Hospital"*

Name

Address

City  State



# ENTER

## GENERAL FOODS

### 4 FIRST PRIZES

Each first-prize winner gets all-expenses-paid trip for two people to the 1949 National Restaurant Association Convention in Atlantic City, N. J.—May 24 thru May 27, 1949—consisting of railroad, air or bus fare, hotel for 5 days, tickets for all important official functions, and \$200 spending money—or 100,000 premium points.

### 4 SECOND PRIZES

Each second-prize winner gets an Admiral Television Console with "magic mirror," direct view 10" picture tube, full 13 channel station coverage (AC only) (installation provided where authorized television service is established)—or General Electric FM-AM Automatic Radio-Phonograph Console, mahogany cabinet, four controls, 12" Dyna-power speaker, automatic record changer and G.E. electronic reproducer—or 50,000 premium points.

### 4 THIRD PRIZES

Each third-prize winner gets a set of famous Tommy Traveler Luggage. For the man who likes to travel in comfort and style, a two-suitcase and a 21" case, both top grain cowhide with double stitched cowhide binding. For the ladies a wardrobe case, train case and overnight case; matching canvas covers luxuriously round bound with aniline dyed cowhide binding, lined with quality rayon satin, all brass hardware and Yale locks—or 25,000 premium points.

*and*  
**20 OTHER PRIZES**

Next 5 best entries in each contest receive 2,000 premium points apiece. These premium points may be applied on the hundreds of valuable premiums shown in the free Premium Catalog, or they may be redeemed for cash.

### PRIZES FOR ALL!

**90 PREMIUM POINTS WILL BE SENT WITH THE COMPLIMENTS OF GENERAL FOODS TO EVERYONE ENTERING ONE OR MORE OF THE 4 CONTESTS!**

# 4 BIG CONTESTS Now!



1. Breakfast Menu Contest
2. Lunch Menu Contest
3. Dinner or Supper Menu Contest
4. Other Merchandising Ideas\* Contest

\*any food-selling ideas, except menus, verified by printed material, photographs or diagrams

**HERE'S HOW YOU WIN ATLANTIC CITY TRIP  
...OR ONE OF 28 VALUABLE AWARDS!**

1. You enter any one or all four of these contests.
2. If you enter one or more of the menu contests, submit a menu for each contest entered. If you enter the "other merchandising idea" contest, submit a photograph which illustrates the idea or samples of actual material used, such as back bar strips, table tents, etc.
3. You write a statement of less than 100 words for each entry stating why you think your menu or other merchandising idea is best.
4. You fill in the entry blank on this page (or a facsimile) for each entry.
5. For each contest you enter, mail your menu or other merchandising idea, your statement, and your entry blank to Reuben H. Donnelley Corp., nationally known contest judges.

**CONTEST RULES:** Contests open to owners, executives or employees of restaurants, hotels, hospitals, industrial restaurants, or other public feeding places in the Continental U. S. except employees of General Foods Corporation, its advertising agencies, and members of their immediate families.

You can enter any or all of these contests. Entries must concern the establishment with which you are associated; statement must be your original work submitted in your own name, accompanied by a filled-in entry blank (or facsimile).

Entries must be postmarked not later than February 28, 1949. Use sufficient postage. See address below.

Entries judged on basis of menus or other merchandising ideas, on conformity with suggested standards, and on the sincerity and soundness of statements, by Reuben H. Donnelley Corp., whose decisions are final. Duplicate prizes awarded in case of ties.

Winners will be notified by mail; their names will appear in the May issue of this magazine. Entries and statements become the property of General Foods Corporation to be used as it sees fit, and will not be returned. Contests subject to all Federal, State and local regulations.

## Experts

### SUGGEST STANDARDS

Thanks to a quintet of public feeding authorities, including Charles A. Horowitz, Executive Vice President, American Hotel Association; Frank J. Wiffler, Executive Vice President, National Restaurant Association; James S. Warren, Editorial Director, Ahrens Publications; C. A. Patterson, Editor and Publisher, *American Restaurant Magazine*; and J. Knight Willy, Publisher, *Hotel Monthly*, the following standards are suggested. If your entry meets one or more of the following, enter this contest immediately:

1. Does it "sell" food?
2. Is it easy to read or understand?
3. Does it make people talk about your restaurant?
4. Does it take into consideration the season of the year as well as your particular clientele, type of restaurant, locality?
5. Does it clearly suggest for your guests the appearance and taste of the dishes offered?
6. Is it attractive in appearance?

**IMPORTANT CONTEST HINTS:** Equal consideration will be given to all entries, elaborate or simple. It's the idea that counts. Small and large restaurants have equal opportunity to win prizes. Your entry can be a winner if it meets some (not necessarily all) of the standards listed. Let the "standards" suggest the points to cover in your less-than-100-word statement. **REMEMBER!** You can submit as many as four entries . . . one for each contest . . . and each may win a prize. Ask your General Foods salesman or distributor for further details.

### ENTRY BLANK

Fill in this entry blank or a copy and attach to each entry and statement of less than 100 words. Mail right away.

REUBEN H. DONNELLEY CORP.  
P.O. BOX 74, NEW YORK 8, N. Y.

Gentlemen: I am submitting a current ☐ Breakfast Menu; ☐ Lunch Menu; ☐ Dinner or Supper Menu; ☐ Other Merchandising Idea. With each entry submitted I am attaching a statement of less than 100 words explaining why I think the entry is a "Best for Selling Food."  
(Check classification you are entering)

My Name \_\_\_\_\_ Title \_\_\_\_\_  
Name of Establishment \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

"and believe it or not  
ROOM-DARKENING too!"



Columbia Window Shades and Venetian Blinds are sold only in leading department and furniture stores and shade shops designated as Columbia Authorized Dealers. May we send you samples of our room-darkening shades and the name of the Columbia Authorized Dealer nearest you? Write today.

*Ask a Columbia Authorized Dealer*

**Columbia**  
WINDOW SHADES  
AND VENETIAN BLINDS

Columbia's room-darkening window shades revolutionize light control. They're decorative and functional, too. Sturdy, long-wearing... with the additional special talent of shielding a room from light.

Look for room-darkening shades in Columbia's REGAL grade. Made of high-count cambric, with a truly beautiful "hand" and a smooth, dust-shedding surface. Economically priced... and easily washable for thrifty maintenance. In light as well as dark colors.

See Columbia's VELLMO, too, a super quality grade, so completely lightproof that it's standard for such uses as X-ray rooms. And here's the surprise... VELLMO boasts high-style pastels and dazzling white. Any size you need up to 150 inches wide!

#### PERFECT FOR

- hotel rooms.
- hospital rooms.
- housing projects.
- school rest rooms, auditoriums.
- recreation and convention rooms with television sets.

THE COLUMBIA MILLS, INC., • 428 SOUTH WARREN STREET, SYRACUSE 2, N. Y.



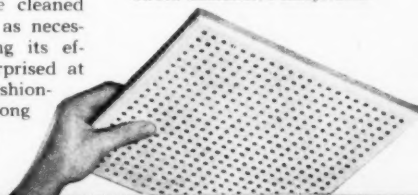
## THIS CEILING HELPS PATIENTS RECOVER FASTER

Patients usually get well sooner in an atmosphere of restful quiet. Yet many hospital activities are noisy. You can't stop these activities—but a ceiling of Armstrong's Cushiontone® can stop the noise they make.

Armstrong's Cushiontone is a fiberboard acoustical tile with 484 deep perforations drilled in each 12" square of the material. It absorbs up to 75% of the sound that strikes its surface.

There is little interruption of hospital routine when you install Cushiontone. It goes up quickly and neatly. And maintenance of Cushiontone is economical. It can be cleaned or repainted as often as necessary—without affecting its efficiency. You'll be surprised at the low cost of Cushiontone. Ask your Armstrong contractor for a free estimate today.

**WRITE FOR FREE BOOKLET,** "What to do about Hospital Noise." It gives complete details about Cushiontone. Armstrong Cork Company, Acoustical Department, 5701 Stevens Street, Lancaster, Pennsylvania.



# ARMSTRONG'S CUSHIONTONE

Armstrong Cork Company  Lancaster, Pennsylvania





Main Kitchen  
Hartford Hospital

ARCHITECTS  
COOLIDGE SHEPLEY  
BULLFINCH AND ABBOTT

## Presenting VAN's part in new and important Hartford Hospital



Vegetable preparation department of main kitchen



This is one of seventeen diet kitchens.

- Van takes honest pride in its part in assisting the architect and builder in the kitchen engineering, for its responsibility to design and fabricate equipment for the new and significant sixteen-story Hartford Hospital.
- Here, decentralized food service is speeded by electrically heated food trucks, pre-heated in the main kitchen, traveling in a straight line picking up food at nine service counters . . . thence to service elevators and delivery at all floors.
- When time permits careful planning for efficient food service, administrators and architects know it always pays handsome dividends to call Van in as early as possible.

### ***The John Van Range Co.***

EQUIPMENT FOR THE PREPARATION AND SERVING OF FOOD

DIVISION OF THE EDWARDS MANUFACTURING CO.

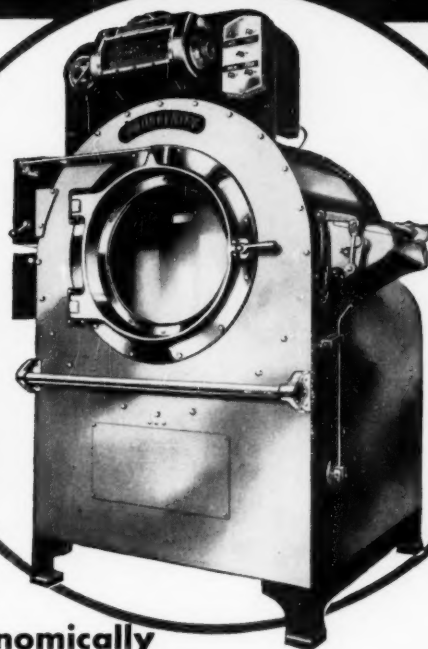
Branches in Principal Cities

401-407 EGGLESTON AVENUE

CINCINNATI 2, OHIO



**PROSPERITY**  
 60-lb. *Speedster*  
 with  
**FORMATROL**  
*Automatic CONTROL*



**Makes unloading easier**

**Handles smaller lots economically**

**Permits lower linen inventory**

• Now you can have it . . . a washer that does double duty . . . a 60-pound-capacity machine ideal for segregating ward linens . . . a machine with an automatically timed and controlled steam inlet for high-temperature sterilization . . . and a machine with a two-speed gear shift that can be slowed down to 15 RPM for blankets or other woolens.

• More, it's equipped with Prosperity's famous FORMATROL automatic control, saving up to 25% in operating time, and greatly reducing water, power and

supply consumption. The Formatrol does everything except add supplies . . . follows your own formula for every type of fabric and soil . . . signals the washman when supplies are needed and when the washing cycle is complete.

*Mail the coupon for complete facts.*



**THE PROSPERITY COMPANY, Inc.**

AUTOMATIC PRECISION PRODUCTION TOOLS FOR LAUNDRY AND DRY CLEANING PLANTS.

Trade with PROSPERITY  
 Reg. U. S. Pat. Off.

Main Office and Factory, Syracuse 1, N. Y.  
 Sales, Service and Parts in All Principal Cities

Direct Sales Made by  
 Wholly-Owned Subsidiary  
 THE PROSPERITY COMPANY, Inc.  
 (a Delaware Corporation)

**The Prosperity Company, Inc.**  
 2224 Erie Boulevard, East  
 Syracuse 1, N. Y.

☐ Please send complete details on The Prosperity 60-Lb. Speedster Washer with Formatrol Automatic Control.

☐ Have your representative call.

Hospital . . . . .

Address . . . . .

CITY . . . . . ZONE . . . . . STATE . . . . .

My name . . . . .

# PROVE CAMEL MILDNESS for Yourself!

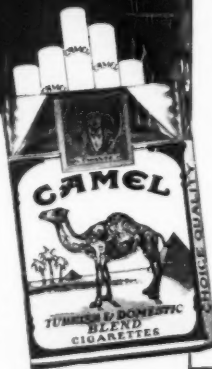


B. J. Reynolds Tobacco Co., Winston-Salem, N. C.

According to a Nationwide survey:

**MORE DOCTORS SMOKE  
CAMELS THAN ANY  
OTHER CIGARETTE**

Doctors smoke for pleasure, too! And when three leading independent research organizations asked 115,597 doctors what cigarette they smoked, the brand named most was Camel!



Test for yourself  
what throat specialists  
reported when a 30-day  
smoking test revealed:

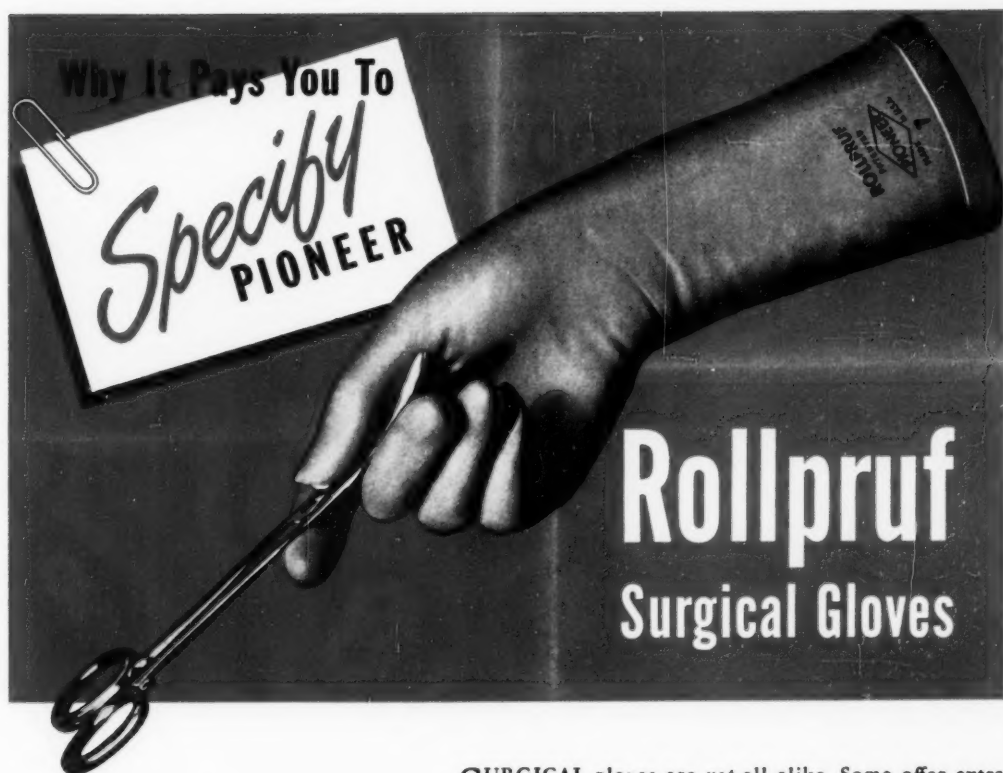
**"NO THROAT  
IRRITATION  
due to smoking  
CAMELS!"**

MAKE YOUR OWN 30-DAY CAMEL MILDNESS TEST. Smoke Camels, and only Camels, for 30 days. Prove for yourself how mild Camels are!

Hundreds of men and women, from coast to coast, recently made a similar test. They smoked an average of one to two packs of Camels a day for 30 days. Their throats were carefully examined by throat specialists. And after a total of 2470 examinations—these throat specialists reported "not one single case of throat irritation due to smoking Camels!"

But prove it yourself...in your "T-Zone" (T for Taste and T for Throat). Let YOUR OWN TASTE tell you about the rich, full flavor of Camel's choice tobaccos. Let YOUR OWN THROAT give the good news of Camel's cool, cool mildness.

Why It Pays You To  
Specify  
**PIONEER**



# Rollpruf Surgical Gloves



#### Pioneer Obstetricals

Made of finest quality latex, elbow length, sheer but tough. Either hand style so any two make a pair — saves pairing and odd gloves.



#### Pioneer Quixams

Either-hand short wrist examination glove, now made of finest quality latex or neoprene. Any two are a pair — less cost.

**S**URGICAL gloves are *not* all alike. Some offer extra advantages important to your hospital staff. Only by "specifying" can you be sure to get them.

For instance, Rollprufs are the only surgical gloves with beadless flat-banded wrists, no roll to roll down and annoy surgeon during operations. Banded wrists resist tearing, add to service life. Unsurpassed sheerness, snug fit, durability under sterilizing. No extra cost. *Specify* Rollprufs and get these valuable advantages.

Neoprene Rollprufs, now made in hospital green, offer all the above, plus unmatched comfort, finger freedom and sensitivity — and they're the answer to surgeons allergic to rubber. To give your hospital these advantages, specify neoprene Rollprufs.

When it's life or death in surgery, no equipment, including gloves, can be too good. It pays you to investigate — and specify — Pioneer Rollprufs. If your supplier doesn't stock them, write us for data and samples. *The Pioneer Rubber Company, 750 Tiffin Road, Willard, Ohio.*

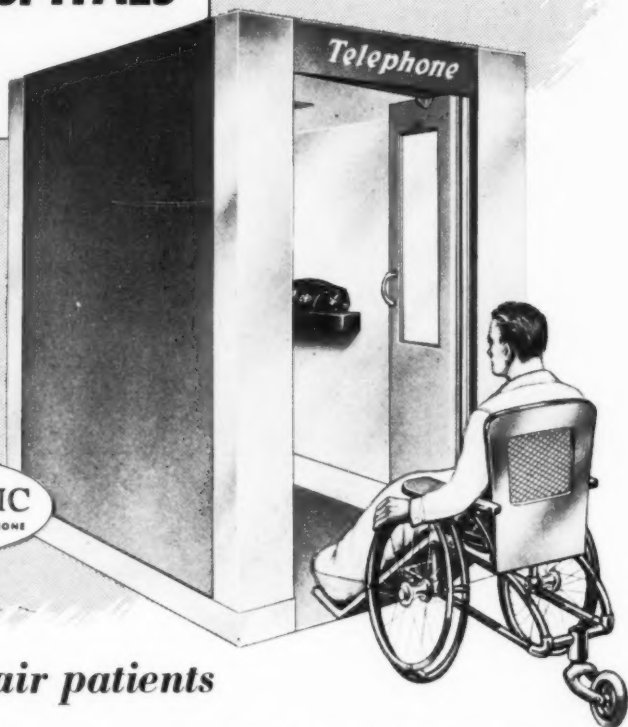
# PIONEER

## *Surgical Gloves*

★ The Result of Over 30 Years of Quality Glove Making ★

*Here's the*  
**TELEPHONE BOOTH**  
**MODERN HOSPITALS**  
*want*

SHERRON  
**ACOUSTIC**  
 STAINLESS STEEL TELEPHONE  
 BOOTH



*...for wheel chair patients*

It's no problem for the ambulatory patient to make calls from the standard telephone booth. But the wheel chair case is at a real disadvantage.

Responding to the demand of hospitals, we have designed a booth especially to serve wheel chair patients.

This new Sherron Acoustic Steel telephone booth makes it easy for the patient to wheel himself into the booth without having to squeeze through. Not only is there ample

passageway, but once inside he can maneuver his chair without difficulty or assistance.

The spaciousness of this booth is evident from its dimensions — 56" x 56" x 83¾".

The noiseless folding leaf door of this Sherron booth, opening and closing at a touch, enables the patient to telephone in complete privacy. And the acoustic walls and ceiling bar outside sounds and noises.

For full details of this booth's features, write today, telling us your requirements.

**SHERRON METALLIC CORPORATION**  
 1201 FLUSHING AVENUE • BROOKLYN 6, NEW YORK



*A Happy Mother  
is your best  
recommendation*

**HOLLISTER**

*Birth Certificates do MORE than record facts!*



The day a son or daughter is born is unquestionably one of the outstanding events in the life of every parent.

This is the time of promise, when fears are resolved and hopes are realized. This is the day that was planned for . . . sacrificed for . . . dreamed about.

This is the day of fulfillment.

HOLLISTER *Inscribed* Birth Certificates are designed to match the importance of this occasion. Artistically executed and carefully lithographed with the name and picture of your hospital, these certificates are lifelong reminders of the contribution your hospital makes—to mother—to child—to the entire community.

In addition to their warm, personal goodwill value, HOLLISTER Certificates perform another important service—once and for all ending the possibility of mistaken identity in the nursery. These certificates, used in connection with the HOLLISTER Footprint Kit, offer a simple, practical means of positive identification—accomplished in a few moments right in the delivery room.

Please allow us to send you, without obligation, complete details concerning our service as well as samples of our Birth Certificates—now being used by many of America's outstanding hospitals.

## THE NEW BILOXI HOSPITAL

BILOXI, MISSISSIPPI



## Certificate of Birth

*This Certifies that*

was born to \_\_\_\_\_  
in this Hospital at \_\_\_\_\_ o'clock, .m. on  
the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

In Witness Whereof the said Hospital has caused this Certificate to  
be signed by its duly authorized officer, and its Official Seal to be  
hereunto affixed.



ATTENDING PHYSICIAN

SUPERINTENDENT

**Franklin C. Hollister Company**

843 NORTH ORLEANS STREET . . . CHICAGO 10, ILLINOIS

# Professionally Designed... for the BUSY Hospital!

The complete HOLLISTER Birth Certificate Service is designed to fit in with the stepped-up efficiency required in the modern, busy hospital. HOLLISTER Service is popular with O.B. staffs because the procedure is simple and easy to perform. The cost is small.



## **Improved Hollister Footprint Kit**

This compact, easy-to-use kit — only slightly larger than an average sized book — comes complete with large, reversible inking pad set in firm, soft rubber base; a generous tube of special footprint ink; and an ingenious rubber inking-brush and spreader. Entire unit is encased in an attractive, steel box with strong piano-hinge top — all heavily enameled, inside and out, in pastel blue with satin finish.

This convenient HOLLISTER Kit eliminates the messy, old fashioned glass and roller method — permits taking of baby's footprints and mother's thumbprints quickly and professionally right in the delivery room. Complete, with full instructions; now only \$14.50.

## **Hollister Seal-Impressing Service**

For only a slight charge, we now machine impress your hospital seal into the gold wafer on each HOLLISTER Birth Certificate. This process insures deep, even embossing of your seal precisely in the center of each wafer. On orders of 1,000 or more birth certificates we furnish — free of charge — a new seal die of the standard type or make a duplicate of your present seal at no extra cost.

## **Hollister "Babies Alumni" Plan**

Full details are now available concerning this new, rapidly growing system for maintaining contact, through the years, with infants born in your hospital. This dignified plan is designed to inspire community interest and goodwill toward your hospital and to lay a friendly foundation for future fund-raising campaigns. For samples, price list, and further information, write to:



## **Franklin C. Hollister Company**

843 NORTH ORLEANS STREET . . . CHICAGO 10, ILLINOIS

"Mosaic's fast, clean

LOCKART METHOD

## CUTS REMODELING COSTS - WITH TILE"

—say officials of school boards, hospitals, hotels,  
theatres, churches, institutions and stores



**BEFORE REMODELING**—No structural changes of any kind are needed. The Lockhart Method permits direct tile application to any kind of wall surface.



**PROGRESSING**—Prime existing walls with Lockart "Primer." Then—a bed of Lockart Expanset. Then on goes tile—faster and with perfect adhesion.



**JOB COMPLETED**—Hours faster than any other method. There's no dirt or mess. Renovated areas are put back into service much sooner.

now **MOSAIC** tile

can be applied directly over

<b>PLASTER</b>	<b>BRICK</b>
<b>METAL</b>	<b>WOOD</b>
<b>CONCRETE</b>	<b>WALL-BOARD</b>

**no metal lath or scratch coat required**

Leading tile contractors everywhere are using and endorsing the *Lockart Method* of installing Mosaic wall and floor tile. This exclusive method is clean, fast. It saves up to 30% on application costs on new work . . . up to 40% on renovations, for the versatile *Lockart Method speeds up the job* and there's no dirt . . . no mess.

You save time, money and labor on remodeling, rebuilding or new work. And you reduce your maintenance costs with distinctive Mosaic tile installations. For Mosaic tile brings you beauty that doesn't fade or need renewing . . . that offers years of heavy traffic use without upkeep. Use the speedy *Lockart Method* and Mosaic's wide line of ceramic tile to modernize bathrooms, showers, rest rooms, kitchens, corridors, etc. Tile is easy to keep clean. And Mosaic brings you new, fresh glowing colors in a wide range of both floor and wall tile.

For more details of the *Lockart Method*, Mosaic tile products and for design or modernizing help, consult the Mosaic dealer nearest you, your local Mosaic office, or write to Dept. 8-4.

tile for time **THE MOSAIC TILE COMPANY** for design  
Zanesville, Ohio

Member: Tile Council of America

OFFICES IN PRINCIPAL CITIES . . . OVER 2000 LOCAL DEALERS TO SERVE YOU



Radiograph of an osteochondroma of the tibia.

## for improved 200 ma radiography GENERAL ELECTRIC BRINGS YOU...

**H**ERE is a modern, efficient x-ray apparatus of intermediate capacity. In the Maxiscope 200 you get the Centralinear control. Push buttons select tube, focal spot, ma value, the proper ma scale and the kvp indicating index. Illuminated indexes simplify ma and kvp adjustment. Nothing else to do but press the exposure switch!

The Maxiscope table angulates *quietly* at variable speeds from 30 degrees Trendelenburg to vertical. It can be leveled automatically from any position. For fluoroscopy there is an 18-inch focal spot to table top distance. Fluoro-

scopic carriage is easier to move—locks simply even with gloved hand.

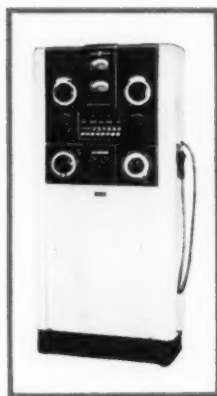
Tube stand permits 60-inch radiography above the table. Telescopic platform side rail extends for 60-inch vertical Bucky radiography. Stand is independent of floor and ceiling irregularities. Tube and table controls are all conveniently operable from the front.

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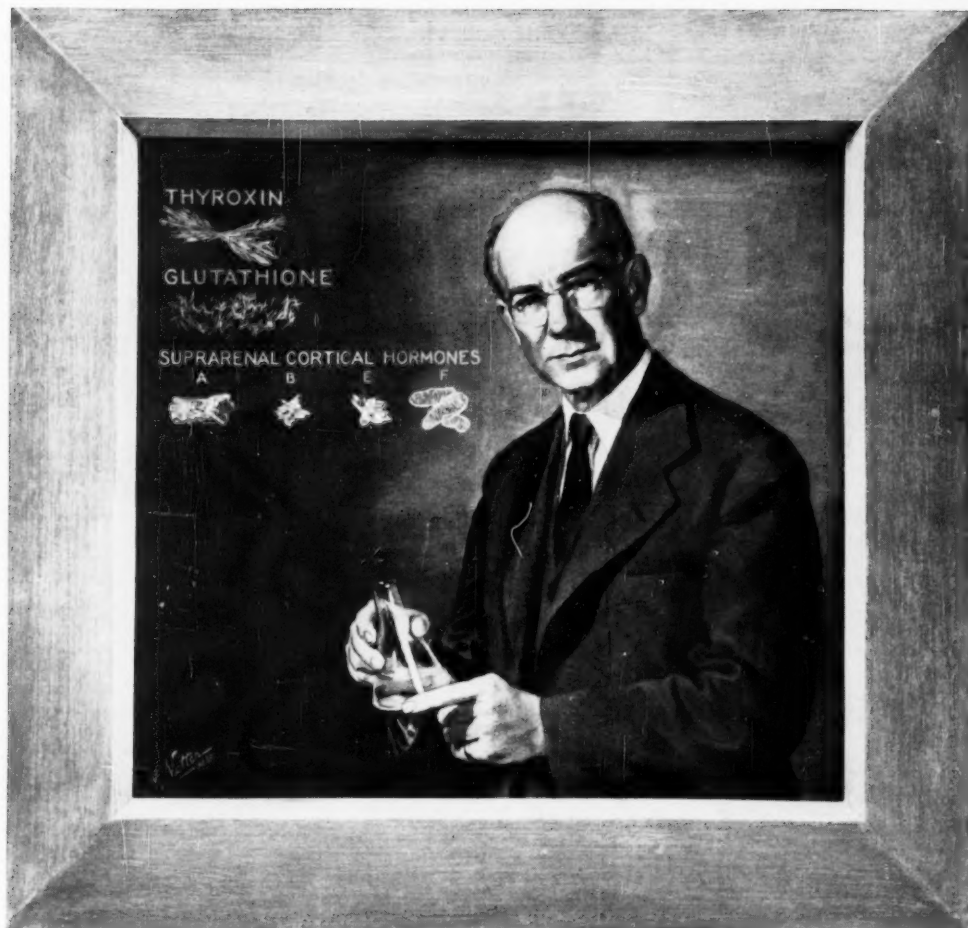


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*Edward C. Kendall* **B.S., M.S., PH.D., D.SC.**



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contributions on the relation between the adrenal cortex and the metabolism of proteins, carbohydrates, fats and electrolytes have come from his laboratory.

Dr. Kendall was born in 1886 in South Norwalk, Connecticut. He is a graduate of Columbia University and also received an M. S. and a Ph. D. from that institution, as well as a D. Sc. from the University of Cincinnati. He has been associated since 1914 with the Mayo Foundation at Rochester, Minnesota, where, as Head of the Section on Biochemistry, he has carried on his researches.

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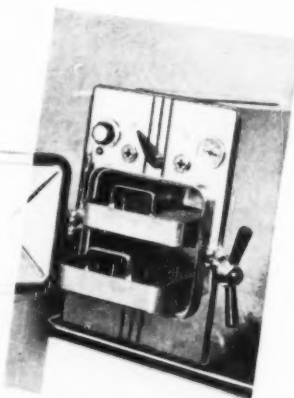
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# Small Hospital Questions

## Cost per Cubic Foot

Question: In trying to make an estimate of costs of our proposed hospital construction, we are handicapped by not knowing recent costs. Can you tell me the cubic foot cost of recent hospital construction, the name of the architect and contractor in each case? I know that the cubic foot cost is not an exact measure, but it does give some approximation.—L.R., Vt.

ANSWER: Construction costs depend on many things: Will there be a nursing school, and if so will the entire preclinical and clinical teaching job be done in the hospital or nurses' home? This, as you know, has a tremendous effect on the demand for space. Will there be an outpatient department, and if so will it include only indigent patients, or will it also provide for part-pay and full-pay patients? Will there be a group diagnostic clinic? Will offices be provided for the principal doctors on the staff? These and many other things will greatly affect the cost per cubic foot or the cost per bed.

Within the last two years, contracts for construction and fixed equipment have run from a low of \$1.40 to a high of \$2 per cubic foot. This means anywhere from a low of \$8000 to a high of \$16,000 per bed.

## For Safety in Surgery

Question: We want to be certain we are observing all necessary precautions in our operating rooms to prevent accidents from static electricity. The floors have grids. Safety outlets have been provided. It occurs to us, however, that we may be doing some things that defeat our purpose. A floor maintenance contract includes sealing and waxing operating room floors. The legs of the stools and cabinets are fitted with rubber caps. The nurses and other operating room personnel wear rubber soled shoes. We have fluorescent lighting, and we have been told that turning on these lights during surgery could be a hazard. We are anxious to make any indicated changes and to set up some definite and authoritative rulings to be observed in that department, and we are writing to you for information on this subject or to find out where it may be obtained.—E.G.P., Iowa.

ANSWER: Write to the National Fire Protection Association, 60 Battery-march Street, Boston 10, for the pamphlet entitled, "Combustible Anesthetics in Hospital Operating Rooms." The price of this pamphlet is 20 cents. Every hospital should have it.—EVERETT W. JONES.

## Who Charges How Much?

Question: I have been unable to discern any appreciable agreement among hospital administrators as to the basis of charges for the various services rendered to patients. One hospital, for instance, may show that the cost of room, board and nursing care is approximately 78 per cent of its total operating expenses, yet its receipts from this source are only 56 per cent of its total income. Another hospital indicates that it costs the hospital approximately \$28 to deliver a baby, although its charge for this service is only \$20.

On the other side of the picture, 300,000 units of procaine penicillin may cost the hospital approximately \$1.25 by the time the patient receives it, yet the patient is charged anywhere from \$2.50 to \$5. Similar inexplicable variations between costs and receipts may be observed in practically every other department of the hospital, including the operating room, the nursery, the laboratory and others.

The commonest explanation of hospital charges appears to be "what other hospitals in the area are doing," or custom. This, no doubt, is feasible as a rough and ready approximation of rates, but it still leaves no firm foundation on which to build the financial structure of the hospital, for basically we realize the hospital of today can be maintained only by the money received for patient care.

As an administrator I would be better satisfied with my rates knowing that they were based on a firm cost basis. As a patient, I would be much happier knowing that my hospital bill covered the services rendered to me and was not a catch-all for services rendered to others. I would appreciate your comments and suggestions.—S.S.G., Mich.

ANSWER: Most people who have really studied hospital charges are of the opinion that we must begin to base all charges on costs as developed by accurate bookkeeping and cost accounting. I predict that within the next ten years most of the better hospitals in the country will completely revise

their system of charges and see to it that all charges are based on an accurate cost analysis.—E. W. J.

## They Win Their Cases

Question: We have here a forty year old agreement covering payments for indigent care. It cannot be abrogated without mutual consent of both parties, and the consent of city officials has been refused. If you know of any cases where such a contract has been successfully broken, we shall appreciate very much being informed. It is our wish to use every means that we can employ in our effort to correct an extremely unfair situation.—G.C., Minn.

ANSWER: An outstanding example of a hospital's resorting to legal measures to obtain reimbursement on either a full cost per patient day basis or the established charges for ward cases is that of one hospital in the Midwest. After every effort to negotiate with welfare officers failed, the board of trustees of this hospital decided to act. They billed the welfare commissioner at their established ward rates (which in their case equaled approximately the cost) and, when the bills were not paid, started court action. The final result was payment of the hospital bills at the established ward rates.

Contracts such as yours, which are detrimental to the best interests of the hospital, can probably be broken by court action. You must, of course, be armed with facts and figures to prove your overall cost per patient day, your total income per patient day from welfare officers, and your loss per patient day.

It is also interesting to note that over a period of years hospitals in a New England state have in a number of instances sued the overseer of the poor for payment of bills at the regular ward rates. In every case the hospital has won.—EVERETT W. JONES.

## Lighting Studies

Question: Are any comparative studies of the advantages and disadvantages of incandescent, fluorescent and cold cathode lighting available?—G.B., N.Y.

ANSWER: The book, "Hospitals—Integrated Design," by Isadore Rosenfield of New York City, has an excellent chapter on lighting.

Conducted by Jewell W. Thrasher,

R.N., Frazier-Ellis Hospital, Dothan,

Ala.; William B. Sweeney, Wind-

ham Community Memorial Hos-

pital, Willimantic, Conn.; A. A.

Aita, San Antonio Community

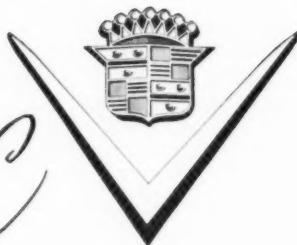
Hospital, Upland, Calif.; Pearl

Fisher, Thayer Hospital, Waterville,

Maine, and others.

THE 1949

# Cadillac

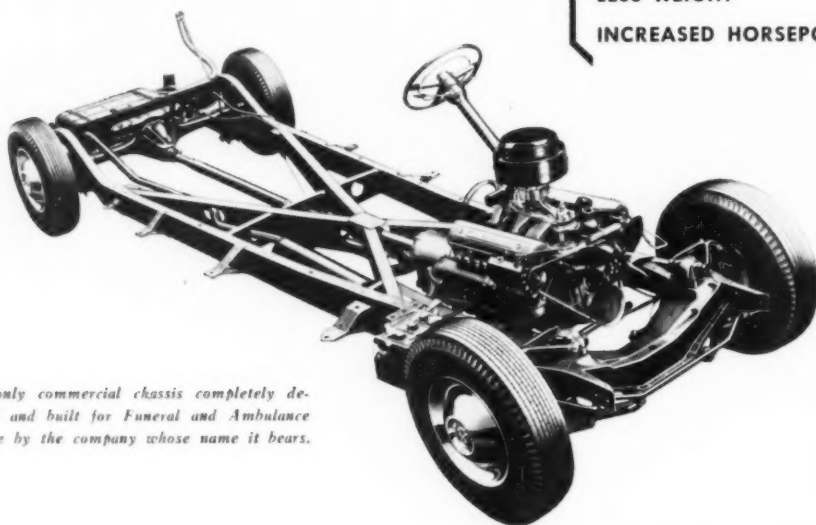


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# Looking Forward

## No Fate for a Fortune

AS EVERYBODY who can read and write knows today, the American Medical Association has voted a \$25 a head assessment for a public relations program to combat compulsory health insurance. Unfortunately, the effectiveness of the program was diminished in advance by the foot-in-mouth way in which it was announced. Possibly it couldn't be helped, but the fact is that news stories about the A.M.A. program had a "Watch out, peasants!" flavor that aroused misgivings on the part of congressmen, labor unions, the public and, in fact, many physicians. Coming on the heels of A.M.A. action rejecting the proposals for a national Blue Cross-Blue Shield health service, the assessment vote, with its accompanying resolution "reaffirming belief in the principle of medical care insurance on a voluntary basis," sounded like the violin section at an open air concert on a rainy night. The players were trying hard, but the music was flat.

By contrast, the subsequent action of the American Hospital Association's board of trustees was intelligent and courageous. Shunning everything-is-wonderful-now publicity, the hospital group voted to go forward with its part of the national health service program aimed at providing voluntary prepayment coverage on the broadest possible scale to the greatest number of people. Whether the Blue Cross Health Service association will be able to write medical benefits on a cash basis where needed remains to be seen. In any event, failure of hospital and medical groups to move forward side by side in the national prepayment field will provide aid and comfort to opponents of the voluntary method—a loss that can scarcely be recovered now by telling the people, however eloquently, that they "already enjoy the highest level of health, the finest standards of scientific medical care and the best quality of medical institutions thus far achieved by any major country of the world." Nobody doubts it.

The plain fact that hospitals are facing up to, but doctors are still backing away from, is this: Americans

are going to prepay the costs of illness. If this intention is recognized and met half way, the many glaring fallacies of compulsory health insurance can be demonstrated persuasively to everybody who can add and subtract. If the people's intention is ignored or treated lightly, however, the fanciest public relations antics in the country won't keep medical and hospital care off the political toboggan. It shouldn't happen to three million dollars.

## Ah, Philanthropy!

WITH hospital fund-raisers charging around like mad and campaigns going at fever heat all over the landscape, it isn't surprising to come across occasional reports of fund-raising tactics that seem better suited to a hod-carriers' benefit than a hospital. The worst abuse, and the one that seems to be the most prevalent, is the practice of holding a gun at the head of the hospital supplier, whose donation, under the circumstances, is about as voluntary as the money saloon-keepers pay to keep goons from smashing up the premises.

There is no reason a manufacturer or distributor in the hospital field shouldn't be asked and expected to contribute generously to hospital funds in the communities where he maintains plants or offices, on the same basis that these hospitals may seek support from local manufacturers in the gas burner or greeting card business. But when a hospital in, say, Maine puts the bite on a hospital supplier in Chicago for a contribution, the unstated but plain implication is, "Kick in, brother, or go peddle your hardware to somebody else!" Usually in such cases, the tax is paid. Ultimately, the total amount of these tributes is reflected in the price of the supplier's merchandise and, finally, spread on the nation's hospital bills. To the extent that this practice prevails, we can smile when we say "voluntary hospital."

Another gambit that has been dreamed up by cam-

paign chairmen with a shrewd knowledge of human nature is publication of a list of givers to the hospital fund, together with the amounts of their contributions. The dodge here, of course, is that Jones and Smith, both of whom are trying to impress Brown, will play brother's keeper at higher prices when all the lights are on. Unquestionably, this maneuver builds pressure which produces larger gifts now from Smith and Jones—an end, it could certainly be argued, that may justify the means. On the other hand, however, the use of such lists may create resentments that will hurt the hospital in the long run more than the additional money will help.

Only a fuzzy-minded philosopher, probably, would raise a question about the wisdom of a hospital engaging in any practice whose ethics might be regarded as doubtful, no matter what the practical advantage. On another point, however, there isn't any question at all: It is just plain stupid for the hospital not to acknowledge gifts to the campaign and thank the givers, if only with printed postcards. The person whose contribution is completely ignored gets mad, and this is a time when it isn't smart to let people think that voluntary hospitals are interested only in their money—even when it's true.

### Support the College

REPORTERS, salesmen and others who come in contact with hospital administrators have often remarked on the extraordinary cohesiveness of the group. "The hospital crowd is like a college fraternity," one of these observers said not long ago. "If you know the grip you're all right, but an outsider is always a barbarian."

The reason for this is not hard to find. Only a hospital administrator can fully understand the peculiar complex of pressures to which the job and its occupant are subject. Like members of a combat unit who have shared experiences that no outsider can ever know, hospital administrators are drawn together by the bond of their common, and uncommon, responsibilities.

As every good fraternity must, the hospital brotherhood has a sharp eye out for likely new material. In the past, new members have been recruited from a variety of sources—nursing, medicine, business, hotels. Increasingly in recent years, however, the requirements for membership have been stiffened and systematized. With few exceptions, today's pledges are given a year of university training and internship or institute attendance to prepare them for initiation as full-fledged members.

Contemplating the generally superior performance of these specially prepared initiates, and thinking about the tough years that lie ahead for the whole fraternity, the brothers and sisters have now decided to expand and strengthen the preparatory program. More special courses or institutes, broader university training, better methods of student selection and scholarships for deserving students are the specific objectives. Un-

questionably, the new educational discipline will eventually become the only route to membership; its strength is thus the strength of the entire field and, ultimately, the strength of the American hospital system.

As it did when Socrates taught geometry to the slave boy, education offers man his best hope of dealing more successfully with his environment. In the hospital field as elsewhere, only education and religion can improve human performance. Members and friends of the hospital brotherhood can provide no better guarantee of security for members, strength for the institutions they direct, and better health for the communities they serve than by supporting the educational program of the American College of Hospital Administrators.

### Plus Ça Change

WITH this issue, The MODERN HOSPITAL introduces a number of changes that have been under consideration for many months. The new cover design, page size, headline type and styling throughout have been planned with the aid of design experts to make the magazine more attractive and readable and to permit greater flexibility of page layout so that an increased quantity of illustrative material may be presented to best advantage.

Speaking of the cover type created especially for The MODERN HOSPITAL, the designer said, "The design symbolizes the field which the magazine serves. Hospital administration is dynamic, ever moving toward a goal that itself is always in motion. The oblique face of the new title type is also moving forward. All the elements of the new design are in appropriate optical motion."

In another significant change introduced this month, the Trustee Forum, a feature initiated by this magazine as a service to the hospital field several years ago, becomes the Volunteer Forum. The expanded field of coverage of this section will now include the activities and interests of women's auxiliaries and other volunteer groups, in addition to the hospital trustees whose needs the forum was originated to meet. With these volunteer groups playing an increasingly important rôle in hospitals today, articles describing and interpreting their work should be of interest to administrators as well as to the auxiliary members and trustees to whom this material may be passed along.

The new cover, size, style and content are presented herewith with the earnest hope of the editors that these innovations will find favor with MODERN HOSPITAL readers, whose tasks are certainly among the most difficult and the most important in our society. For thirty-five years, this magazine has existed for the purpose of contributing in every possible way to the effectiveness with which these tasks are performed. The new features introduced now will succeed in accordance as they may aid in the achievement of that continuing purpose.

Dr. Bundesen (right) talks over nursery technics with Administrator Ralph Hueston of Wesley Memorial Hospital as nurse executives join in discussion.



Photographs courtesy Look Magazine

## Control of **EPIDEMIC DIARRHEA**

*is the hospital's responsibility—Bundesen\**

EPIDEMIC INFANT DIARRHEA CAN BE PREVENTED. The disease that physicians, nurses and hospital executives dread more than any other is within their own power to control. This is proved by our experience in Chicago, where these groups have joined forces with the health department in a positive program to eliminate epidemic diarrhea as a threat to infant life and safety. The record is plain: not a single epidemic in any one of our fifty-seven hospitals since our program went into effect *eleven years ago*.

We do have isolated cases of infant diarrhea in our Chicago hospitals, it is true. Such cases are impossible to prevent in the light of our present knowledge. However, these occasional cases have been controlled without any severe outbreaks over a period when more than half a million babies were born in our hospitals and cared for in our hospital nurseries. The fact that this period included the war years, when hospital nurseries were overcrowded and there was an acute shortage of trained personnel, makes the record even more remarkable.

What has been done in Chicago can be done in hospitals everywhere. We have no knowledge that is not available throughout the medical, hospital and public health fields. Our technic is one of organization and enforcement, of making the knowledge that we do have work effectively *twenty-four hours a day*. The same results can be achieved in any institution, in any city or town, given the same singleness of purpose and the same cooperation we have achieved here.

After a tragic outbreak of infant diarrhea—the kind that may cost a dozen lives in the space of a few hours or days—one often hears the responsible officials complain that they had no authority to enforce observation

**\* DR. HERMAN N. BUNDESEN is president of the Chicago Board of Health and has been the city's chief health officer for the last twenty-five years. His books and articles on infant care are known to millions of readers.**



**WRONG:** Nurse here is using poor hand-washing technic, may carry dangerous germs to babies.



**RIGHT:** Thorough scrubbing with soap and scrub-brush, up to elbows, is right way to get clean.

**WRONG:** Catch-all container for thermometers is invitation to infection. Mask is off, hair showing.

**RIGHT:** Individual thermometer for each infant, kept in a separate container with sterile solution.





of the regulations that might have prevented the tragedy. In most cases, this is nothing more than an excuse, and a weak one. The executives responsible for safeguarding infant lives in hospitals must demand authority commensurate with their responsibility. Where hospital nurseries are concerned, the chain of command must be crystal clear from top to bottom of the organizational structure. Regulations governing every detail of maternity department and nursery operation and technic must be stated and understood plainly. No departure from the written regulations can be tolerated under any circumstances if safety is to be maintained.

Hospital administrators from other cities have often told me that they could control nursery technic easily if it weren't for the fact that doctors on their own medical staffs are often the ones who break the rules. A pediatrician with a busy practice, for example, may step into the nursery for a quick look at one of his patients without taking the necessary precautions, or the chief of obstetrics may tell a favored patient she can have visitors in numbers or at times forbidden by the hospital rules.

"I can't control what the chief of staff does," one administrator told me, "and his violations tend to break down the whole system. It's hard to crack down on a nurse for a minor break in technic when she sees doctors ignoring the regulations completely."

Most of these situations can be solved by cooperative effort between the hospital administration and staff, I believe. Often a nursery committee of the staff will establish and maintain safe practice rules, setting up appropriate disciplinary measures to deal with infractions—up to and including loss of staff privileges for repeated offenses.

When the staff committee fails to function effectively, however, it is up to the hospital's governing board, as the group holding final legal responsibility for the safety of patients, to take whatever steps are necessary to ensure rigid observance of maternity department and nursery regulations, either by dealing directly with offenders or by giving the chief administrative officer the authority he needs to deal with them himself. In instances where hospital boards won't face up to this responsibility, the administrator who is determined to get results can appeal to local public health authorities for enforcement aid. When the public knows the facts about epidemic diarrhea, it will demand effective action by its hospital and health officials. The demand for action should not and need not wait on tragedy.

In Chicago, our system is embodied in a sixty-page booklet, "Regulations for the Conduct of Maternity Hospitals, Maternity Divisions of General Hospitals, and Nurseries for the Newborn." Backing up the regulations is a city ordinance giving the board of health authority to inspect hospitals and enforce compliance with the standard technics. Fortunately, the hospital people of Chicago have been uniformly cooperative, so that our group of physician and nurse inspectors operates as an advisory staff rather than as a police force.

The regulations cover all phases of operation of ma-



**WRONG:** Soiled and wet diapers and other wastes are on floor, nurse is touching the receptacle lid.



**RIGHT:** Lid of waste disposal receptacle operates by foot action, and diapers are dropped in safely.





ternity and nursery facilities, but every rule can be referred to one of the three basic principles on which the system was established eleven years ago. These are: (1) maintenance of adequate, properly trained and supervised medical and nursing personnel, (2) complete isolation of infants showing any suspicious signs whatever, and (3) adherence to a technic based on the concept that "what is clean for one infant is contaminated for every other infant."

The pictures shown on these pages were posed in one of our Chicago hospitals to illustrate right and wrong technics in some of the important nursery and maternity procedures. To some hospital readers, these "wrong way" pictures may seem far-fetched, yet the fact is that I have seen all these violations, and worse ones, in my years of public health work. Moreover, I know that these same bad practices are permitted today in areas where health and hospital officials have become careless about the danger of infant diarrhea and other infections.

#### EQUIPMENT

Fundamental among our regulations are the provisions presented here in condensed form. One of the most important sections, for example, deals with the equipment that must be provided for the maternity and nursery departments.

All nurseries and rooms for isolation, formula, examining, labor and delivery shall have adequate and readily accessible facilities for the scrubbing of hands. The running water in these rooms shall be controlled with arm, knee or foot. Proper hand washing is one of the most important measures in the prevention of infections and more likely will be carried out if facilities are close at hand and are adequate. The hand-washing facilities may be in an anteroom, provided the passageway is of such a nature as to permit the personnel to go from the anteroom into the adjacent room without contamination.

All nurseries and isolation, formula, examining, labor and delivery rooms shall have adequate and appropriate receptacles for the efficient disposal of soiled linens, diapers and waste, which shall be promptly removed. When wastes, soiled diapers, or soiled linens are allowed to be strewn about the various rooms of the maternity divi-

sion, the chances for the spread of infection are increased. In addition, the general untidiness may lead to slovenliness in technic.

Receptacles for the waste and diaper disposals shall have foot control. All containers shall be constructed of impervious material and shall be kept covered except when wastes or linens are being put into them. Receptacles which have a swinging top, to be pushed in by hand, are not considered satisfactory. The wastes and soiled diapers shall be removed at least once every four hours.

All utensils (such as bedpans) coming in contact with the patient should be individual, and shall be adequately cleansed or sterilized after each use. Contaminated utensils frequently are a source of infection.

All material coming in contact with any possible source of infection, in either the mother or the infant, shall be destroyed or properly sterilized, transported and stored in an aseptic manner before subsequent use. This refers to such things as dressings of any sort, blankets, gauze, cotton, tampons, linens from infected cases, clothing, towels, bedclothing.

#### PERSONNEL

Maternity hospitals must at all times maintain a personnel consisting of attending physicians, resident physicians or interns, nurses, nutritionists, attendants, orderlies and domestic personnel adequate in training and numbers to carry on the proper routine and meet emergencies arising in such institutions. At all times, both day and night, there shall be at least one graduate registered nurse on active duty in the maternity division.

In the newborn nursery, there shall be on duty at all times at least one nurse for each eight infants, and in the isolation nursery at least one nurse for each four infants. There shall be at least one graduate nurse, especially trained in the care of newborn infants, supervising every newborn nursery at all times. There shall be enough additional personnel to keep the maternity division clean and sanitary at all times.

All nurses, interns and other attendants and those regularly employed in the delivery room, nursery or premature department shall be examined by a physician designated by the hospital management, with particular reference to evidence of infection of any

sort. They shall be certified by him as being free from any communicable disease. The examination for focal infections shall include a careful inspection of the skin and a careful examination of the nose and throat. The report of the examination shall be in writing and shall be placed on file in the hospital.

Any of the personnel in the maternity division shall also report to physician designated for examination and cultures whenever there is suspicion of any infection. It is important to determine at once whether individuals with symptoms of illness have a communicable infection. Those having infection should be immediately eliminated from the maternity division to help prevent outbreaks of disease. Since many communicable disorders are highly contagious early in their onset, the sooner they can be detected and the individual removed from the maternity division the less chance there will be for spread of the infection.

All employees in the maternity division should be required to report immediately for examination if they feel ill previous to or during their hours of duty. Cultures should be taken of the nose and throat of an individual having suspicious respiratory symptoms, and stool cultures should be made whenever he has diarrhea.

All hospital personnel having upper respiratory or other communicable infections shall be excluded from the maternity and nursery services. All individuals who have been absent from duty because of any illness shall be excluded from the maternity division until examined by a physician, and certified to the hospital management by such physician as not suffering from any condition that may endanger the health of the mothers or their infants.

Anyone whose hands come in contact with any patient should take the necessary precautions to carry out aseptic technic before coming in contact with such patient. This precaution is especially important in connection with the care of parturient and puerperal women and newborn infants. By aseptic technic, insofar as the nursery is concerned, is meant, particularly, efficient washing of the hands whenever they become contaminated, and the wearing of a clean cap and gown.

Upon first entering the nursery and

after having been out of the nursery for any length of time, the hands shall be well scrubbed with a brush for at least five minutes, using plenty of soap and warm water; the nails carefully cleaned, and the forearms scrubbed and rinsed.

#### **CAPS, GOWNS and MASKS**

All physicians, nurses, interns and other attendants in the delivery room shall wear clean gowns, caps and effective nose and mouth masks. Personnel in the nursery or premature department shall wear clean gowns and caps. Street clothing is always contaminated. The hair also carries bacteria, and the secretions from the nose and mouth may contain highly infectious organisms. Because of the infectious nature of the clothes, hair and secretions, it is possible for one to transmit infection to patients in the maternity division unless the necessary precautions are taken. Effective nose and mouth masks help to prevent spray or droplet infection.

Once a gown has been removed by any individual, except a nurse, it shall be discarded and sent to the laundry. No individual shall wear a gown worn by any other member of the personnel until it has been sent to the laundry or autoclaved. A nurse may wear a gown for the duration of her daily duty, but no longer than eight hours, provided it does not become grossly contaminated by urine or stool, or by infectious secretions or material. Any gown which becomes contaminated in any of these ways shall at once be discarded and laundered. If short-sleeved gowns are worn, the hands and arms can be washed more thoroughly.

A satisfactory cap is made of muslin or similar material. An effective cap must completely cover the hair on the head. Training school caps are not satisfactory. A clean mask should be put on when the nursery is first entered. A satisfactory mask may be made of from four to six layers of gauze and shall be large enough adequately to cover the nose and mouth. The mask shall be discarded as soon as it is removed. The mask shall not be worn for longer than four hours and shall be discarded as soon as it becomes damp. The mask shall not be left hanging around the neck.

When a mask is taken off, it should be discarded and promptly placed in a suitable container, such as a paper bag for soiled masks. The mask should



**WRONG (top):** The doctor has slipped hastily into his gown, which hangs loosely against sides of bassinet. He has neglected to put on cap and mask, as demanded by proper technic. Hands resting on crib are needless hazard.

**RIGHT (bottom):** Here the doctor's short-sleeved gown has been put on and properly tied. Mask and cap are in accordance with rules, and he is approaching baby carefully. Good nursery technic demands observance of rules.



**WRONG (top):** Hospital room is no place for family party! Baby in room with visitors is absolutely prohibited. Too many visitors will tire the mother. Guest sitting on bed is out of order; touching the baby's face is an idiotic risk!



**RIGHT (bottom):** Husband visiting wife alone at proper visiting hours (never at any time when babies are out of nursery) is proper practice. Keep hands and clothing a safe distance away from bedclothes to avoid contamination.

not be worn again until laundered and sterilized. It is well to remember that a mask soon becomes contaminated from secretions and the breath. It should not be handled after being put on, as the fingers and hands of the wearer may thus become contaminated.

#### VISITORS

Only one visitor, who shall be required to wear a gown, shall be allowed in the labor room. No visitors are permitted in the delivery room. Visitors shall be restricted to a minimum, and there shall be not more than two visitors a day to each mother, exclusive of the husband. Those having an existing or recent communicable infection, as well as those having contact with such infections, should be excluded. It is urged that hospitals instruct obstetric supervisors and nurses to observe and, if necessary, question visitors for evidence of colds, upper respiratory infections, or any other evident infection, and exclude all those found to have such infections.

If visitors are permitted, regular visiting hours shall be established. At no time should there be so many visitors in a ward that the room is crowded. Visitors should at no time stay long enough to fatigue the patient. When the patient shows the slightest signs of fatigue, has pain, or fever, it is best to exclude visitors. During the first seventy-two hours, it is highly desirable that the husband be the only visitor. No visitor shall remain with the mother more than two hours in any one day, unless the patient is critically ill.

Visitors to mothers shall be excluded during nursing. Visitors shall be excluded during the breast feeding period, not only from the rooms of mothers, but from the corridors and any other place in the maternity division except a visitors' reception room. Visitors shall not at any time have contact with infants. Whenever babies are shown to visitors, there must be complete separation, by a glass window, of babies from visitors. If infants are shown through a window in a door, the door must be kept closed. Showing a baby to visitors through an open door shall not be permitted.

Visitors shall not sit on the patient's bed or place their clothing on it. Coat hangers and hooks or costumes should

*(Continued on Page 88.)*

## HUMAN RELATIONS

### *Begins With the Supervisors*

C. E. AULTZ

Associate Professor of Personnel Administration  
Roosevelt College, Chicago

PSYCHOLOGISTS know today that individuals differ in their capacities, in their personalities, and in their emotional behavior. We know that they differ much more in mental and emotional capacities than in physical capacities. We know also that the individual varies in his emotional reactions from day to day and week to week. We know that the human organism is an integrated whole so that what affects one psychophysical area has reactions in other areas of the personality and performance.

We know from the Hawthorne study and succeeding researches that in every work situation there exists a probability of informal groups whose leaders have the loyalties, set the standards, and control the performance of the individuals in the group. We know that these groups have more stability and continuity than have the individuals composing them, and that the group probably acts less rationally and more emotionally than do many of the individual members.

From attitude studies we think we know what workers want from their work.

#### SECURITY COMES FIRST

1. Security, which can best be described, in my opinion, as the feeling the individual has when he has adjusted his capacities and expectations in a reasonable balance in various groups, and the feeling that this balance cannot be unreasonably, abruptly or arbitrarily changed by anyone.

2. Recognition, which I define as the feeling that a certain status as an individual has been achieved with the group and is acknowledged by the group.

3. A miscellany of other wants and needs which probably includes opportunity for individual development in attaining security and status, perhaps the necessity of some minimum of attention from those we respect or love. And we might add a human peculiarity, a desire for new experience, *i.e.* variation in the environment consistent with security of status.

We also know that since the worker's emotions and personality are af-

fectured by his whole environment, the eight hours a day he spends on his job are influenced in diminishing effect by what happens in his family and home, his community, city, nation and world. Ordinarily we are certain that a revolt in Colombia will not react on the adjustment of the average employee.

But can a change of government in, say, Czechoslovakia be said to be entirely devoid of effect on individual and group morale at work? Not if this political change results in continued inflation in the worker's country, not if it results in continued shortages of goods and services, not if it results in the draft or universal military training and his children's lives are immediately affected. We are just beginning to realize that as the world becomes an integrated family, the wave of the remotest action finally causes a ripple on the consciousness of even the most insensitive individual and, in consequence, an effect on job satisfaction and performance.

In every organization we have to measure success not against perfection but against the performance of other similar organizations in similar environments. We must do the most advanced job we can in human relations, we must try to perfect that job through all levels of our work group, and we must participate otherwise in perfecting human organization in community, nation and the world.

The new theory of management which we must adopt even to approach human relations solutions should consider technological processes, actual production, and human relations as three interdependent activ-

ities and should give the human relations function of the organization its rightful importance in all policy decisions. For instance, unless a worker can be led to accept your best method of doing a job as his own, it may be better to let him do it his own way and thus get some personal satisfaction from the job. Also, once the human purposes of production are considered, perhaps we shall radically revise our ideas of the efficiency of the assembly-line method of production. Policies and plans made all through an organization affect human relations, and the supervisor cannot control all these effects alone.

#### DEMANDS AND REWARDS

One of the greatest sources of dissatisfaction to the supervisors must be the inconsistency of the virtues demanded as compared with the rewards given for supervisory service. It is as if all the failures of an organization had to be corrected by creating a superhuman individual to interpret between management and workers and be wiser and more intelligent than either group.

Let us pick out some of the requirements: A supervisor must be of the highest intelligence and of normal temperament. He must be an expert in human engineering as applied to both himself and others. He must have a sincere interest in and sympathetic understanding of every person in terms of emotion as well as knowledge and skill. He must understand group thinking, group feeling and group action.

The supervisor must be a psycho-

Condensed from a paper presented at the Tri-State Hospital Assembly, 1948.



therapist even if he has only amateur standing. He must be willing to accept responsibility, and then be willing to delegate it. He must be loyal to his men and to his employer. He should have greater vocabulary development, be more objective in his thinking than is the average person and have relatively broad interests and abilities.

One of the strange confusions of thought in this area of supervisory development appears to be this. Studies reveal that first-line supervisors have fewer of all these desirable attributes than have those farther up the line, and the conclusion is that we are not doing a good job of selecting and training first-line supervisors. My own conclusion is that we promote the first-line supervisors who are doing the best job into jobs where they deal with fewer people on a supposedly more important level. My solution: reevaluate these jobs; perhaps the importance of a job is measured much more by the number of people supervised, and perhaps the level of importance has been upside down. Maybe the most important level is where the work is done, the least important, where the top administrator coordinates a few department heads.

#### TO INCREASE EFFECTIVENESS

Assuming we have available in our supervisory staff and in prospective supervisors persons of normal or slightly above normal intelligence plus a normal measure of human relations experience in the school of hard knocks, how then will we proceed to increase the effectiveness of our training of supervisors in human relations?

1. First, we will establish a selection procedure that picks out the candidates for supervisory positions and eliminates the below-normal intelligences, the unadjusted temperament, and those unqualified by interests and ambitions. We will call on the director of personnel for tests and measurements to back up pooled interviewing techniques.

2. We will engage in presupervisory training of this selected group from which we will select our supervisors. This training will cover not only administrative training in teaching jobs, but a study of individual and social psychology and all of our knowledge contributed by the sociologists' study of industry.

3. We will, of course, take measures designed to develop the personnel point of view, a philosophy of human relations, throughout our organization so that no one stands alone and all policies and procedures have the human relations point of view.

4. We can go farther in the development of point 3 if we want to approach the idea of fully voluntary cooperative participation in organization objectives if we democratize the entire concept of the organization. I don't mean that we should vote on every decision, but that *consultative* supervision and the pooled judgment process should be used all the way up and down. It may be time-consuming but I believe it will be more efficient than autocratically controlling an organization with lower morale.

These prerequisites are essential to a long-term program of improving supervision. How do we go about corrective training of our present supervisors?

Training to change attitudes and behavior is no doubt the most difficult of all types of training. There is abundant evidence that up to date we have used methods which are not more than from 10 to 20 per cent effective. The commonest methods have been lecture-discussion and the conference-discussion of the psychological and sociological facts of human relations or the discussion of actual or simulated cases which bring out these basic principles.

The usual result, even when this training is continued for a long period, has been to increase the ability to think about human relations problems rather than to change the daily practice of the supervisor. This is because the learning process is not efficient in this area of acquiring skill (rather than just acquiring knowledge) unless the trainees have some way of immediately practicing new attitudes and new behavior. It is well understood in acquiring job skills that the trainee must at once perform the job in the correct manner, that he must make it part of his psychophysical mechanism rather than simply hold the method temporarily in his memory.

What effective training in human relations skill requires is that the trainee participate in the learning situation in some ego-involving way. One student of the problem says that probably the best method would be

to have the trainer, skilled in technique, at the elbow of the trainee throughout the real life situations met during the day. Obviously, this on-the-job method is impractical for economic and other reasons.

Often there is a great loss in the lag between the discoveries of social scientists in this field of human relations and the use of these discoveries in our service and product organizations. This is probably partly a lag in dissemination of knowledge, partly a feeling that what comes out of university human relations laboratories is impractical for some reason for use outside these laboratories. I believe as long as our economic organizations remain so practical and do little or no research in human relations, they had best keep abreast of new techniques and try them out, test them in the actual work situation.

#### PSYCHODRAMA IS HELPFUL

Such a new method of changing attitudes and behavior of individuals and groups has been developed that meets the test for learning in this area—participation of the trainee and immediacy of use—better than the conference method or any others. It comes from the experiments and philosophy in human relations of J. L. Moreno, the founder of sociometry. It is called the psychodrama, or the rôle-playing method of education in behavior and attitude.

What it amounts to in supervisory training is this: The supervisors gather initially and crystallize their thinking on some of the most frequent and bothersome problems they have in dealing with their workers, tardiness or unexplained absenteeism, for instance. Then they are asked to act out some of the situations, with some of the group taking the rôle of the workers and the others taking turns as supervisors, acting out the situations that bother them.

The coach or trainer is alert to the attitudes and behavior revealed by the rôle-playing, yet he does not propound correct ways or principles in a blunt way but encourages group and individual groping for the reasons the employees act in the troublesome manner and gradually leads the group in search of the best way to handle the situations. The best way is acquired through recognition of the human needs and personality of the worker by the supervisor and the adaptation



of his approach to these needs and personalities.

Some of the authorities in the psychodrama field say the coach or group teacher must be especially trained in the technic in the few graduate schools where such training is given. Practically, I think we can realize that our personnel directors or training supervisors in many cases would be equipped by knowledge of psychology and sociology plus conference technics to adapt our supervisory training to this method. I do not see how it can be less effective than our old methods, or that any harm can come to relationships in the organization. After the initial novelty for the training group has disappeared, I am pretty certain they would enjoy the experience and it would shortly produce more understanding in human relations matters than do presently used methods.

One other technic which has not been as neglected in practical use is the therapeutic interview, or counseling. Here, again, I think we can trust our practical psychologist, the personnel director, to become adept at the nondirective interview with supervisors. While improvement may immediately be shown in supervisory performance with the rôle-playing method of training, we may need to follow up for some supervisors by scheduling or encouraging interviews in which they pour out their troubles to a "listener" who skillfully helps them find their own faulty attitudes and behavior without telling them what to do.

Conferences and lectures produce some results with the intelligent supervisor who gets the opportunity to apply new knowledge before it has dimmed in memory. These non-ego-involving methods, however, necessitate a long, continuous job to show even meager results. I recommend the rôle-playing method. Some qualified person may be sent to observe the psychodrama at one of the centers where it is used. Experiments either in individual hospitals or through associations should be undertaken and knowledge of the results should be published, using morale surveys, absenteeism, turnover or number of grievances as measures of value. We do not have too much time to learn to live together in this world, and the natural place to perfect human relations first is in the work place and the community.

## SHADYSIDE CHARTS ITS HISTORY

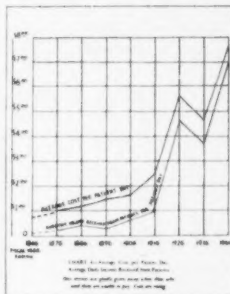
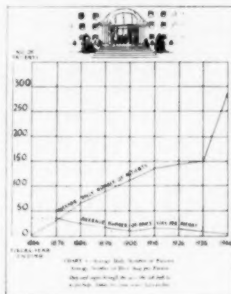
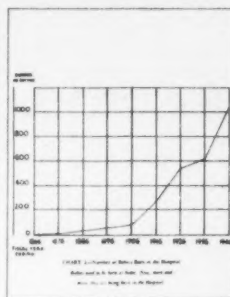
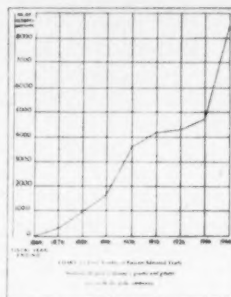
**S**HADYSIDE HOSPITAL, Pittsburgh, was founded in 1866. As the time for its eightieth annual meeting approached, the administrator, William E. Berron, and the public relations director, provided with ample and carefully preserved records of eighty years, searched for a concise method by which to portray the overall picture of the hospital's progress through its entire existence. They found the answer in a few simple charts.

Significant subject matter was not difficult to select. The number of patients admitted became the subject of Chart No. 1. The number of births in the hospital became the subject of Chart No. 2. Chart No. 3, it was decided, should show the daily average census, with the average number of days' stay per patient superimposed upon it. Chart No. 4 showed the average cost per patient day, together

with the average income received from patients per patient day.

Dealing with admissions, births and daily census, the first three charts served to illustrate the hospital's continually growing service to the community. The fourth chart, dealing with costs and payment, called attention to the hospital's financial experience.

The original charting work was done by the hospital. Attractive enlargements of each chart, with color and illustration, were then made by a sign studio, for exhibit at the eightieth annual meeting of the trustees and corporators. After the meeting the charts were put on display in the hospital. They were later reproduced in "The Voice of Shady-side," a hospital publication.—**KATHRYN H. POWER**, public relations director, Shady-side Hospital, Pittsburgh.





Left: After the foam shampoo, the beautician puts the drier over the patient's head. Opposite page: Ready for the next customer, the operator enters with her portable beauty shop.

## Mobile **BEAUTY SHOP** banishes boredom

*and restores patients' morale*

**H**OSPITALS have but comparatively recently recognized the importance of environmental influences in accelerating the recovery of the sick. It is now accepted that the atmosphere within the hospital should approximate the background of which the patient was a part before his admission. In keeping differences between the hospital and home environments at a minimum, we try to eliminate the tensions and anxieties created by unfamiliar and sometimes terrifying surroundings. This is merely one aspect of the goal of humanizing hospitals.

For example, because it has been established that colors have therapeutic value, rooms and walls are now

### ANTHONY J. DELUCA

Administrative Intern  
Menorah Hospital  
Kansas City, Mo.

painted in attractive colors. The interior of patients' rooms, the furniture and spreads look more and more like those in their own bedrooms at home. The odors that were formerly so characteristic of hospitals are considerably reduced. Ceilings are soundproofed to lessen noise. Food is served on gaily colored china and plastic ware, and it is selected and arranged on the tray in harmonious color combinations. Every possible physical detail is exploited to place the patient at ease in his strange surroundings.

Should we not go beyond mere improvement of hospital environment and devote attention as well to the physical appearance of the patient as an instrument for his or her recovery? Can we, by providing patients a beauty service in the hospital, exploit their vanity to bolster morale and to instill in them an incentive to get well? This experiment is now being tried at Menorah Hospital, Kansas City, Mo., and at several others as well.

Our experiment consists of bringing the services of a beautician to the patient's room by means of a beauty cart on wheels. At the bedside, all kinds of beauty treatments can be given, such as shampoos, waves, mani-



Lying in bed  
With nothing to do  
Wishing I could  
be glamorized  
by someone who knew.



I picked up a pamphlet  
and idly read  
Have your hair done,  
while lying in bed.



Say! This sounds  
too good to be true  
But turned the page  
To see what to do.

cures, facials and even pedicures. This novel idea has been accepted with a great deal of enthusiasm by both patients and physicians. When interviewed, patients state that the refreshing shampoo, the glamorous hair-do or the relaxing facial raises morale and makes them feel better. Our nurses report that patients show marked improvement in mental outlook. The doctors encourage patients to avail themselves of this service as a means of transferring their attention to positive health and away from the discomforts of their illness.

The installation of roving beauty service brings up such problems as procurement of personnel, type of equipment to be used, nature of services to be offered, financial arrangements, administrative-medical considerations, technics of publicity, elements of liability, and many others.

The beauty service at our hospital is owned and operated by the proprietor of a beauty salon in the community who is responsible for providing a beautician on a full-time basis, as well as for providing such necessary incidentals as equipment, supplies, linen and laundering. In return the hospital has given an oral commitment that she will have exclusive rights in the hospital.

The equipment consists of a portable wood cart 36 inches high, 35 inches long, and 18 inches wide, painted in pastel green (other hues are also available) and mounted on soft rubber rimmed bearing wheels. Projecting from the top is a moveable drier that is adaptable to any height. There are numerous compartments in which are stored supplies, clean and soiled linen, sterilizers and manicuring utensils. Locks can be installed on these drawers if desired. The cart can easily be stored in a closet or corridor overnight. The entire apparatus weighs about 100 pounds and can be maneuvered easily even in close quarters. It costs approximately \$500.

The temperature of the drier, which could represent a serious haz-

ard, is automatically controlled, ranging from room temperature to 34° F. above room temperature, compared to a maximum of 54° F. above room temperatures in commercial salons. Each drier is equipped with a control switch which the patient can operate while under it. When it is turned on, the drier stirs up only a gentle breeze. Patients remain under the drier a maximum of twenty-five minutes as compared to from forty-five to sixty minutes in beauty parlors.

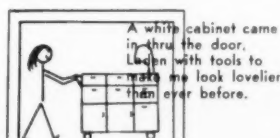
The beautician and patient get in touch with each other in one of two ways. The beautician makes daily visits to patients' rooms for future appointments, usually for the next day, or the patient may request the floor supervisor to have the beautician

call on her. Before approaching any patient, the beautician is required to clear through the nursing supervisor to prevent disturbance of patients who are not eligible for beauty treatments. In this manner, we protect patients who are critically ill, cardiac, the postoperative and immediate postpartum patients.

Before rendering any service, the beautician fills out a request slip indicating the type and date of the service desired and gives it to the nurse to be added to the chart. The patient's nurse signifies her approval by initialing each intended service. If she is in doubt, she may refer the matter to the attending physician or the house staff for a decision. The beautician is not permitted to give any



The price is just right  
To save disappointment.



My hair was shampooed  
and set to my liking.  
And dried with a drier  
Faster than lightning.

service that is not specifically authorized by the doctor or nurse.

From a medical standpoint, two services might be questioned as constituting a danger to patients: shampoos and waves. As a precaution for the former the beauty operator washes the hair with a no-rinse foam shampoo. This procedure requires no water either in application or in rinsing. It is only necessary to wipe the foam off with a towel and to place the patient under the drier.

As regards waves, only machineless permanent waves are offered because this method does not require any electric current. Inasmuch as a permanent wave involves a certain amount of strain on the patient, it is assumed, of course, that none will be authorized unless she is well on the way to convalescence. Even if the patient is able to withstand the rigor of a permanent wave, two hazards may be encountered. The permanent is given by an application of an ammonia base solution to the hair followed by heat produced by chemical pads. An individual may have an allergy to the solution or may receive a steam burn from the pads which rise to a temperature of 211° F. Naturally, special pads and protectors are used to prevent scalp burns but these devices are not always successful. Therefore, it is recommended that permanent waves be reserved for patients who are almost completely convalescent. Approval by the physician only is also recommended.

The financial details have not presented us with any difficulties. The concessionaire returns to the hospital 10 per cent of the gross income which is computed on a weekly basis. The beautician collects her fees directly from the patient and thereby makes it unnecessary for the hospital to become involved in any collection problems. After the service is performed, she makes out one original and two copies of a prenumbered sales slip: one is given to the patient, the second is kept by the proprietor, and the third is sent to the accounting office daily. Once a week, the accounting



Manicure for a masculine patient, who looks pleased about it all.

office reviews and audits these slips and thus exercises control over finances.

At our hospital the prices charged to patients range from 35 to 50 per cent higher than the prevailing rates in the community. This is not considered an unreasonable differential in view of the great deal of unproductive time required under hospital conditions. We have received no complaints about prices.

The element of the hospital's liability also arises in the event of an action for damages by a patient. Although the portable beauty service is owned and operated by a private commercial establishment, and although it is claimed by the manufacturer of the equipment and the concessionaire that there is no responsibility on the part of the hospital, in our opinion it is doubtful whether the hospital could evade liability if lack of due care was proved. At the present time the operator is not covered by insurance, but feeling that such protection is highly desirable, we will soon require insurance coverage to be paid for by the concessionaire. Policies are available for such purposes.

Like all things new, the major problem of this innovation was to sell the idea—in this case both to hospital personnel and to patients. The nurses were not inclined at first to accept it readily because they felt it would add to their burdens. However, they were convinced otherwise when it was demonstrated that this service made very few demands on them. They were also impressed by the enthusiasm of the patients and the beneficial results produced.

To sell the idea to patients, various

technics were used. We were fortunate enough to receive newspaper and radio publicity in Kansas City. We publicized it in our house organ. Booklets furnished by the manufacturer of the equipment containing clever sketches and a price list are distributed. In addition, inserts are slipped into the patients' handbook. As a reminder attractive cards with ditties are placed on food trays. Relatives and friends have an opportunity to buy Beauty Gift Certificates in our gift shop which the patients turn over to the operator. And since the job of selling is an ever constant one, the operator herself is the chief salesman. She gets this opportunity in her many contacts with patients by making rounds daily. These are but a few of the many selling devices which can be used.

Although the idea of the beauty service was originally planned for patients, it has been also found feasible to extend the service to hospital personnel. For this purpose a small room with a comfortable reclining chair and a wash basin has been made available. As a special consideration prices charged to employees are lower than those to patients, being about the level prevailing in community beauty establishments.

Although it is not possible to measure the specific contribution of beauty service, our experience indicates that it adds much to the comfort of bed patients and raises their morale. It is tenable that with improved mental outlook, patients are likely to respond better to medical care. Therefore, it is our opinion that there is a place for a portable beauty service in a general hospital.



Out came the pins and  
the comb went to work  
It was handed a mirror  
and up I perked.

## AN ADEQUATE RELIGIOUS PROGRAM

*... should reach every  
person in the hospital*

**CARL J. SCHERZER**

Chaplain  
Protestant Deaconess Hospital, Evansville, Ind.

THANKS, chaplain, for what you did for Mrs. Hertal. Don't know what you did, but whatever it was, it's all right with me," said Dr. Courtney as we passed in the hall. A few days prior to that he had stopped in my office one morning and asked me to call on Mrs. Hertal. The request was casual: "I wish you would see a patient of mine in Room 417. She needs you." Although it was said casually I know Dr. Courtney well enough to understand that when he makes a request like that it needs attention.

So, as soon as he left I dropped what I was doing at the time. The correspondence could wait a little while. I found Mrs. Hertal to be a rather cultured woman in her middle fifties. At first she was so listless that I thought she would not talk, but when I started to leave she asked me to sit down awhile. She wanted to say something, but it was hard for her to get started. However, in a few moments we seemed to be friends, and then she told me about her husband whom she had lost in death some six months ago. Although she had a married daughter, she had never been able to reconcile herself to her loss and she felt that life is just not worth living in such a void.

### HER OUTLOOK CHANGED

It could not be done in one call. But within a few days Mrs. Hertal started finding things to live for, places to use her talents, and she realized also that she is needed in the church she has neglected for a number of years. All of this made a tremendous difference in her attitude. It was this that Dr. Courtney had noticed and which caused him to say what he did when we met in the hall the other day.

This is just one phase of religion in a hospital today. Religion plays an important part in the healing arts, and we have only begun to understand how important that part is.

Of course, religion in a hospital is not a new thing by any means. It goes back to the early centuries of the Christian era and received its first impulse from Christ himself.

Christ was interested in the sick, and the majority of his miracles deal with the healing of the sick. His early disciples tried to follow his example which resulted in the first organized philanthropy in our western civilization. The first Christian institutions were for the sick, the poor, the lepers, the insane and the destitute. A charitable spirit motivated those who exercised oversight and care.

But as the centuries rolled slowly on, religion was sidetracked out of the institution. This came about when those who had the religious responsibility did not have the vision or ingenuity to design a program that would meet the needs of institutional life. We know, however, that at the time of Florence Nightingale there were resident clergymen in some hospitals and a religious order of Deaconesses did the nursing in the Protestant institutions. In the Roman Catholic institutions religious orders have always cared for the sick since the dawn of Christianity. Then, during the last century, religion was again crowded out of the ministry to the sick. Church-related hospitals were established, but aside from an occasional religious service little was done to meet the spiritual needs of the patient until these recent years.

An adequate program of religion in a hospital cannot be carried on by a clergyman who is there to retire. Occasionally I receive inquiries from

older clergymen wanting information about hospitals that need chaplains. These men are sincere, but they are looking for a place to retire. As long as we have that conception of religion in a hospital we are not going to have an adequate program. This conception discouraged young and talented men from entering the chaplaincy. The salaries offered were usually enough to retire on but not enough with which to raise a family. It was not until 1933 that the younger clergy began to be attracted to the general hospital field as a life work. We are indebted to Chaplain Russell L. Dicks and his medical associates for bringing this vast field of need and service to our attention.

### CLINICAL TRAINING ESSENTIAL

A hospital chaplain must be clinically trained for this work regardless of whether he thinks he is well enough equipped without such training. We should learn from the mistakes made in the past. No matter how thorough his theological education or how much experience he has had as the pastor of a congregation, he definitely needs clinical training for hospital work. It makes his adjustment to institutional life easier, gives him an understanding of religious work in a hospital he can hardly get anywhere else and helps him specialize in dealing with the sick. It acquaints him with hospital routine and opens avenues of approach he



cannot know unless he is specifically trained. If he is adequately trained, and courses are offered today in this field, and if he has the personality for this work (in clinical training courses he will find that out), his ministry to the sick can be extremely rewarding in a hospital.

Any adequate religious program in a hospital, if it is to be effective, must have the wholehearted support of the administrator. As a matter of fact, unless he is interested I doubt if the hospital will have a full-time chaplain—and any effective program requires the effort of a man on full-time duty. The clergyman who is chosen should be one who augurs to be outstandingly successful. It pays to offer a salary that will attract the best man in the ministry.

#### **TIE IN WITH HOSPITAL PROGRAM**

The religious program will tie in with the hospital's program. The hospital's primary concern is the welfare of the patient, so the religious program will be patient-centered. It may be said here, however, that no matter how effective the program is, if the patient does not know about it it cannot help him.

For that reason the patient or the one who admits him should be given a leaflet that informs him of the religious resources available in the institution. There should be no urging—just a statement of facts and an invitation to use these facilities. If he is interested he can be told in the leaflet to make his interest known to the nurse. Under these conditions he does make his interests known, and this is indicated by the fact that the chaplain is kept very busy.

The hospital may supply interdenominational religious literature, such as the weekly leaflet, "Light" or "Daily Talks With God" or "The Upper Room" or "Meditations for the Sick" or "God and Health" or "Strength for Hospital Days." It is important that the patient receive the right kind of religious literature. Some of the sectarian leaflets that are written to frighten people into religion are definitely taboo. But the right kind of literature can give him reassurance that is invaluable.

The very fact that the hospital is interested in a religious program reassures the patient. Coming into a place that is strange to him, and placing himself entirely in the care of professional people whom he does not know,

must necessarily produce a feeling of uneasiness. Most people believe that those who are religiously motivated, be they Catholic, Protestant or Jewish, are kind people and have the patient's welfare at heart. If daily chapel services are held in the institution, even if only a few people attend, the fact that they are held has therapeutic value for the patient.

The chaplain will call upon those who are referred to him by the physicians and nurses, or those who ask for him, or when a member of the family asks him to call. If he has time to do so he may go into the wards and rooms to speak a few words of greeting. In this way he may discover many patients who want and need spiritual counseling. He can return to these later and devote more time to them. All of this gives the patient the impression that he is not in a cold-hearted institution, which is good public relations.

One of the most effective means of helping the patient religiously is through the nursing staff. For that reason every hospital should have a designated chapel where patients and personnel may attend. If the chaplain is academically equipped he may teach psychology, sociology and philosophy in the school of nursing. If not, he should be given an opportunity to teach a course that explains the religious stresses arising in the crisis situations in illness. A good text for such a course is "Who Is My Patient" by Dicks. (New York: Macmillan Co.)

Such training will help the nurse understand the work of the clergyman. The hospital has neglected a great field in public relations right here. When the nurse is courteous to the clergyman it leaves a good impression. A minister called not long ago just to tell me how courteously he was treated by a nurse when he came to visit a patient whom he did not know but who had sent for him. He said that he had never been received so courteously in a hospital before.

Such training will help the nurse be a better nurse. Ideals of service make all the difference in the world in the nurse's care of the patient. The patient knows little about the scientific end of his nursing care, but he certainly is aware of how he is treated. Through her attitude the nurse gains his confidence, and her authority in the sickroom is conditioned by what the patient thinks of her. An adequate

religious program in a hospital will be reflected in the nursing care.

However, an adequate religious program does not stop with the nursing care. It is soon recognized by the medical and surgical staff. The physicians know the importance of mental and spiritual factors in the healing arts. When the religious program is on such a level it will elicit the confidence of the staff.

Annual clergy-physicians' dinner meetings can be held under the auspices of the hospital at which the men of these two vocations can become better acquainted. Care should be exercised to have the two vocations equally represented in the presentation, and time should be allowed for discussion. We are having our fourth annual meeting at Protestant Deaconess Hospital, Evansville, Ind., this year, and the interest and attendance grow each year. We find that the physicians are just as much interested in this program as are the clergymen.

An adequate religious program in a hospital should eventually reach every person who is employed there. The patient's first contact with the hospital is in the admitting department. It is important that the personnel be kind and considerate. Ideals of service are nurtured by religious motives. This may also be said of other employees, such as the x-ray and other technicians, the orderlies, the physical therapy staff, and all others who are in personal contact with the patient, including the cleaning women. All these can make an impression that will engender either confidence or anxiety.

#### **TO MOTIVATE EMPLOYEES**

In order to motivate these people, religious services should be held occasionally on hospital time when they can attend. They can also be influenced through department heads, or occasional personal visits by the chaplain, or by letters sent to them by the administrator or the chaplain or both.

In other words, an adequate religious program in the hospital should eventually reach every person in the institution. It will quicken the sense of responsibility on the part of all those connected with the institution. Its public relations value alone is worth what it will cost the hospital to maintain it, but its real value lies in the fact that the hospital is interested in the spiritual health of its patients and personnel.

## Here are **SUGGESTED REMEDIES**

### *for the Ills of Nursing*

**ILSE C. STEG, R.N.**

Director of Nurses, Bellin Memorial Hospital, Green Bay, Wis.

**I**N ANY attempt to discuss our present nursing problems, we must realize that the nurse is affected by the same contemporary events that have influenced other groups of people; and even though she may be in a service field, she still is, or should be, a community member and consequently will be moved by the same conditions that affect the teacher, the storekeeper, and the factory worker.

The problem which is most talked about, but which comprises only one portion of the present day nursing picture, is that of economic security arising out of modern industry's offering of shorter hours, better pay, improved personnel practices, sickness and accident insurance, and retirement provisions. When these were made available to the industrial groups, nurses also began to want their benefits and, indeed, to need to participate in them in order to maintain a standard of living that would bring them needed relaxation and enable them to realize some form of financial security in time of illness and old age.

#### **CANNOT MEET EXPENSE**

Employers, in general, have taken the initiative in offering to their personnel sickness and accident insurance and retirement plans. The state nurses' associations are assisting in improving personnel practices, shortening the hours of work, and raising the salary of the nurse. The problem is not merely one of reeducating the institutional employer, because our hospitals are to a large extent dependent upon religious orders or upon the daily patient intake, or a combination of both, for their money. Consequently, many of them cannot meet this additional expense without additional funds; room rents in hospitals are so prohibitively high now

that the problem of obtaining the extra amount from patient service is indeed a difficult one. Thus, the following relief measures are indicated:

1. The hoped-for ability to determine where one stands financially as soon as our national economy can be stabilized. If the employer could foresee whether a boom or a depression was around the corner or whether cost of living will further increase or will decrease, he could begin to make long-range plans.

2. Federal subsidy of hospitals that need financial backing in order to participate in the improved employment practices.

3. Increased membership in voluntary or compulsory health insurance plans to enable the patient to pay his hospital bill.

4. Increased use of the lesser paid nonprofessional worker, limiting the graduate nurse's work to that of supervisory or administrative character, to the care of the acutely ill patient, and to such professional duties as giving medicines and treatments which cannot be entrusted to a non-professional worker.

The medical and nursing professions face a great expansion and our already overcrowded and understaffed hospitals will need to make any or all of the following adjustments:

1. Increase student nurse enrollment greatly.

2. Induce graduate nurses to con-

tinue nursing by making their work more attractive to them.

3. Create a licensed attendant group to take over that part of the burden of work that need not be done by graduate nurses.

In attempting to increase student enrollment, we encounter the fact that schools of nursing are not even maintaining their prewar enrollment level much less increasing the enrollment sufficiently to cover the needed expansion of nursing personnel. Several remedies for this situation have been suggested.

#### **HUMANITARIAN NEED**

We must make the public conscious of the great humanitarian need for nurses and the many opportunities in the nursing field. I am of the opinion that there is no other profession that offers greater opportunities for advancement and a greater variety of positions than nursing does to the woman who is interested in a career.

We must provide some form of scholarship, stipend or subsidy for the student interested in nursing but financially unable to bear the expense.

We must reorganize our schools of nursing in order to cut down our enrollment losses. More than 30 per cent of the students enrolled resign or are dismissed before the end of their three-year course; this may be due to improper selection of applicants, insufficient guidance program in the schools, and too heavy a service load during student training which causes discouragement and finally termination of the program.

Many nursing leaders are of the opinion that the enrollment can be increased by putting schools of nursing on a college or university level, separating nursing education from nursing service, obtaining federal help to bear the expense of the three years'



schooling, and opening schools for attendants for those applicants who are interested in nursing but are unable to meet the scholastic requirements for a student nurse.

On the other hand, some hospital administrators and doctors maintain that nursing standards are too high and advocate three years of schooling with a modified, simpler curriculum for a general bedside nurse, thus attracting more students who will be graduated in a shorter time. They propose then that supervisors and instructors and those nurses intending to go into specialized fields take additional work leading to a degree to qualify for their specialties.

It may also be noted here that another problem exists in schools of

nursing over the country: that of increasing the nurse's interest in administration, teaching and supervision. During the war years, nurses did not take time off to go to school to prepare themselves for these positions, with the result that we deeply feel the lack of nurses prepared to teach, to supervise, and to fill any of the expanding special fields like tuberculosis nursing, psychiatric nursing, public health nursing, operating room supervision, and obstetrical supervision. Consequently, while some hospitals cannot find applicants to fill their schools of nursing, others have the applicants but not the faculty to teach them.

Therefore, one of the big headaches of the hospital administrator is

to help nurses, student and graduate, realize that in order to maintain and to expand the schools we have we need teachers and supervisors, and that to fill the nursing positions of the future the nurse must prepare herself beyond the basic curriculum. The trend is away from bedside and private duty nursing and toward specialized nursing, i.e. psychiatric and tuberculosis; toward a greatly expanded public health service; toward more industrial nurses and more maternal and child welfare consultants.

Finally, there is need for more hospital supervisors and administrators specially trained in teaching and in personnel work who will be able to direct the work of the nonprofessional attendant, teach the student nurse assigned for laboratory practice, and supervise the graduate nurse assigned to purely professional duties. From now on, completing the basic curriculum in a school of nursing will be only the first rung on the ladder of professional advancement.

I have not yet mentioned that as a result of the war, we have a great population unrest which is felt markedly throughout the country in all lines of work. This job dissatisfaction and general restlessness are felt also in the nursing field. It is not one of the smallest problems of the administrator to find that if things do not go just right or if greener fields beckon, he is left at a moment's notice without help. And the reason is not purely financial. I was formerly associated in a field of nursing that offered a five-day week and a beginning salary for general staff nurses of more than \$200 a month, and there still were discontent and a high turnover of personnel.

#### SIGN OF THE TIMES

So I feel that a certain part of that turnover is a sign of the times and that the administrator can take heart that while the situation is unhealthy for the individual who is trying to carry out any plans beyond the moment, it is only a temporary one. Granted that the nurse's salary will be commensurate with her required standard of living, that we can increase our student enrollment in schools of good educational standards, and that we will rearrange our nursing assignments to save the nurse's time for purely professional duties, the future of the registered nurse should show an unlimited horizon.

### Contributions of Social Casework

CORPORAL G. was a prisoner of war for more than three years. He was suffering from a fatal blood disease and stated he knew what he had but did not wish to discuss it farther. He was irritable, unpleasant, and misinterpreted anything said or offered to him, so that no one liked to go near him. When his mother came to visit, he was very disagreeable with her, bringing up many unpleasant memories and blaming her for her part in them. She could not stand it and returned to her home quite a distance away.

Any attempt made to help him he met with hostility and resentment toward the medical staff and the social worker. When the worker stopped by him each day, the patient would ask only to be left alone, even as he obviously wanted someone near him. As the worker would turn to leave the room the patient would either start to ask some trivial question or use some other means to detain her. It was learned from ward personnel that the patient had been making inquiries regarding the prognosis of an illness similar to his.

With the recognition of all these factors, the worker continued her casual visits to the point that a good relationship with the patient was established, and he was then able to

express all his anxieties and fears about his condition. He gradually began to have recognition of his behavior on the ward and made real efforts to modify it.

Although medical explanation had been given to the patient by his doctor, the patient was unable to accept the fact that he could not live long. He maintained that if he could survive conditions in prison camp, he could survive his present illness. In consultation between the doctor and social worker, a plan was devised whereby the doctor would give concrete reassurance through frequent superficial examinations, even though there was no real medical need for them. In the meantime, the social worker helped the patient drain off some of his anxieties by accepting his expressed feelings and by helping him bolster up his strength to face his ultimate death.

This concerted effort on the part of the doctor and social worker gave the patient the feeling that everything possible was being done medically, and that there were those around him who understood him. Thus the patient received much needed support and acceptance which resulted in a more comfortable and better adjustment to his illness and surroundings.

—From a Social Service Case Report.

**Concrete structure...helicopter landing**

**space...ground floor surgery...room to grow**

## **among NEW IDEAS in Herrick Memorial Hospital**

**ALFRED E. MAFFLY**

Administrator  
Herrick Memorial Hospital  
Berkeley, Calif.

**T**HE Herrick Memorial Hospital at Berkeley, Calif., was founded in 1904 by Dr. Francis LeRoy Herrick and was known for many years as the Berkeley Hospital. An addition to this hospital was financed and constructed by the Federal Works Agency. With the completion of the new building the hospital was renamed to honor the founder.

The hospital had gradually grown from a small twenty-bed unit in 1904 to one in which more than 100 patients had been crowded in 1944. It became painfully apparent that more hospital beds were needed in the community to keep pace with the great population increase in this area during the war. Therefore, the hospital building fund was swelled to \$750,000 with the aid of a grant and a loan from the Federal Works Agency, and additional gifts and loans from staff members and other friends of the hospital.

Architectural plans were made by James F. McGuinness of San Francisco, and a contract was let with Willis F. Lynn of Berkeley. Construction

started on March 19, 1944, and the building was occupied on Sept. 12, 1946. Gardening of the grounds was under the direction of Prof. Harry W. Shepherd, landscape architect and professor of landscape architecture at the University of California, who donated his work as a community service. The Herrick Memorial Hospital with its new addition and equipment represents an investment of \$1,250,000 and contains facilities and equipment for 250 patients.

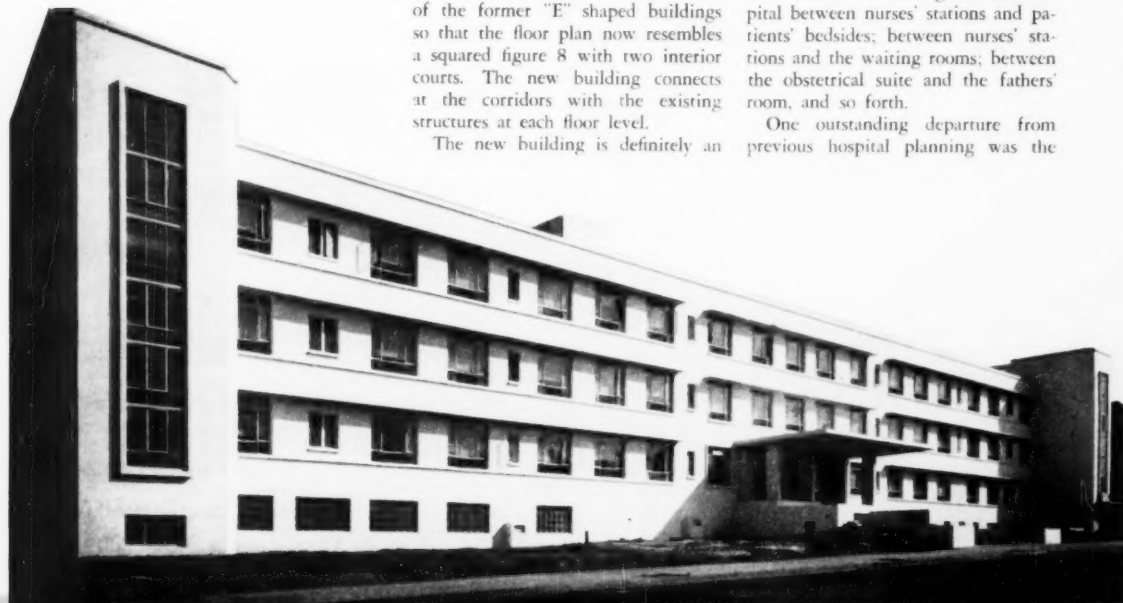
Every effort was made to integrate the new addition with the existing one, so that the combined structures would be able to function efficiently as a unit and would still allow for additional stories and wings for future expansion. It was recognized that a hospital, as a social agency in a growing community, must be prepared to grow with the area it is to serve and must not allow itself to become strait jacketed within four inflexible walls. Therefore, the new addition was constructed across the front of the former "E" shaped buildings so that the floor plan now resembles a squared figure 8 with two interior courts. The new building connects at the corridors with the existing structures at each floor level.

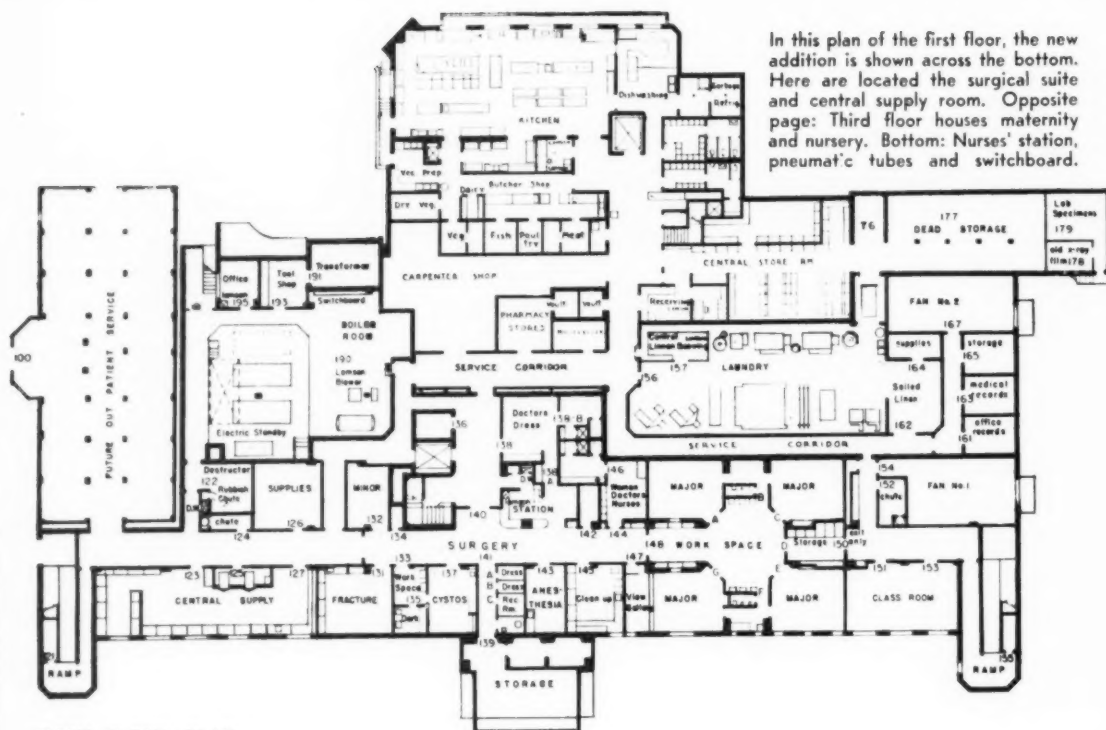
The new building is definitely an

addition to an existing hospital and includes mainly bed facilities for 119 adult patients, a new surgery suite, central supply, obstetrical suite, emergency hospital, administrative offices and library. It must be remembered when analyzing the low cost of \$6300 per bed, that the new addition includes no provisions for a dietary department, x-ray, clinical laboratory, physical therapy, laundry, outpatient clinic, and housing for students and employees inasmuch as facilities were already provided in the old building.

The new building is a modern streamlined structure of reinforced concrete with four stories and basement. Every effort was made to build an efficient hospital plant and many new construction ideas and materials were used. Full advantage was taken of recent improvements in pneumatic tubes, air conditioning, humidity control, germicidal lamps, glass brick, high-speed instrument autoclaves, doctors' audible call system, remote controlled in-and-out system, and master controlled clocks. A complete system of electrical intercommunication by voice is installed throughout the hospital between nurses' stations and patients' bedsides; between nurses' stations and the waiting rooms; between the obstetrical suite and the fathers' room, and so forth.

One outstanding departure from previous hospital planning was the





FIRST FLOOR PLAN

0 20 FEET

construction of the operating rooms on the ground level floor instead of on the top floor. This was made feasible because of the recent improvements in artificial lighting and air conditioning, with filtration and sterilization of air, humidity and temperature control. The new plan released the entire top floor, which has plenty of sunshine and fresh air, for the use of bed patients.

On the first floor of the new building, in addition to the operating rooms, are central supply, a large classroom, the boiler room and engineers' headquarters, and the destructor-incinerator. In the old building is space for the future construction of the new laundry, linen rooms, the kitchens, shops and general storage. The surgical suite includes four major operating rooms, one minor surgery, one urological, one orthopedic and one anesthesia room. One of the major surgeries is equipped with a gallery for students and other observers. The surgery suite also contains dressing and recovery rooms for ambulatory surgical and dental patients.

The second floor is the main floor. It contains the administrative section

with the new medical library, doctors' lounge, offices for the record librarian adjacent to the library, and offices for the administrative and nursing staff. Off the lobby are the main waiting room, the pharmacy, the business and admission offices, and the telephone switchboard.

The switchboard area has been laid out carefully so that it functions as a master control room. In it are centralized all the automatic signal systems and alarms, including a double switchboard and the doctors' in-and-out register. This last operates by remote control: doctors signal from the hospital entrances when they enter and leave the hospital, so that the switchboard operator always has before her a series of lights that keep her informed as to which doctors are in the building. This room also contains the microphone for the doctors' paging system, the key cabinet, the automatic sprinkler alarm, a manual fire alarm and an automatic fire alarm. By means of the automatic system, every room and enclosed area of the old buildings is connected electrically directly with the main fire alarm panel at the Berkeley fire department

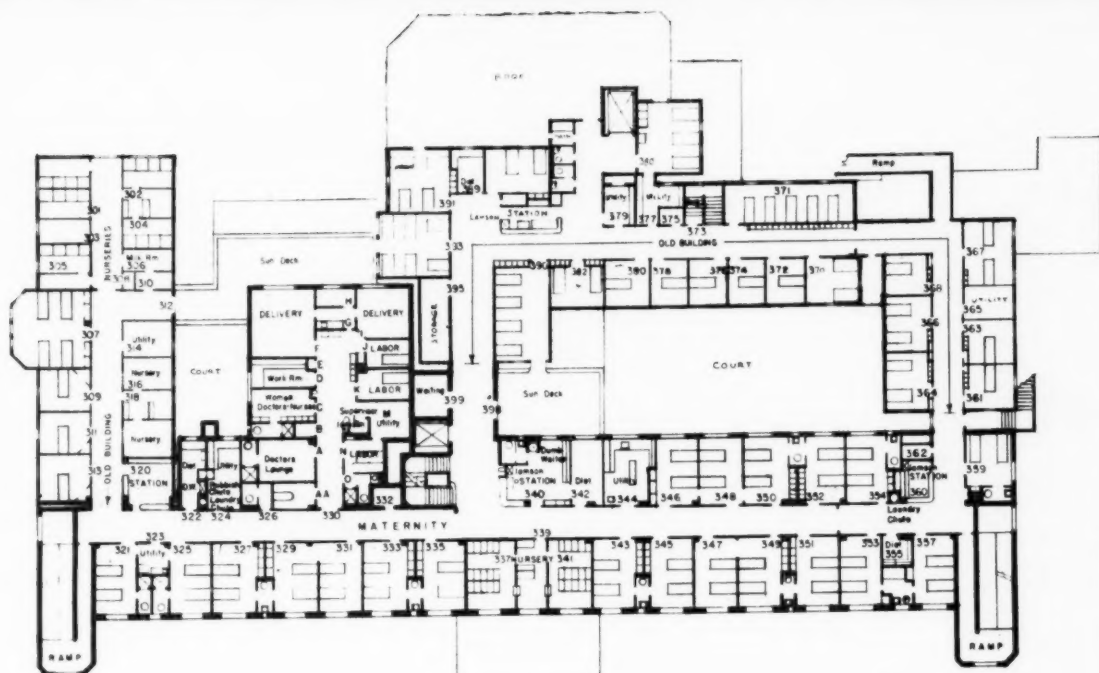
and an automatic alarm is sent in directly to the fire headquarters at the very inception of any fire. The indicator at the switchboard also tells exactly in which part of the building the fire has broken out.

Also on the main floor are the emergency hospital and facilities for medical inpatients, and in the old building are the present kitchens and dining rooms, the personnel offices and the x-ray and clinical laboratories and necropsy room. In adjacent buildings are the physical therapy department, the outpatient clinics, animal houses, and the shops.

The third floor contains the maternity department. It has provisions for fifty maternity patients and includes an obstetrical suite with two delivery rooms and five labor beds. The obstetrical suite has facilities similar in construction to the surgical suite. The nurseries for the newborn are separated into normal, premature and isolation units, with new individual bassinets for each infant. Every modern arrangement has been provided for the safety of the newborn.

The fourth floor contains hospital rooms for surgical patients. On the





THIRD FLOOR PLAN

0 20 FEET

### OUTLINE OF CONSTRUCTION DETAILS

**CONSTRUCTION:** New four-story and basement reinforced concrete building, the main portion being 254 feet 6 inches long by 44 feet wide, with ramp structure at either end 15 feet 5 inches wide by 14 feet 11 inches long, and "L" at north central portion approximately 50 feet long by 61 feet wide.

**FRAME:** Reinforced concrete footings, columns, exterior walls and walls surrounding boiler room, transformer room, staircase, elevator shafts and ramps.

**FLOORS:** Reinforced concrete beam and slab floor except at east and west portion of first floor which is reinforced concrete on fill; basement floor, concrete on drained gravel fill. Terrazzo floor in main surgeries, maternity delivery rooms, all utility, bath and toilet rooms and staircase. Concrete finish floor in ramps and boiler room, asphalt tile floor covering and 6 inch base otherwise throughout building.

**WALLS:** Exterior wall and wall surrounding boiler room and ramps, reinforced concrete; interior wall, wood studding with gypsum board lath and plaster; walls of surgeries, delivery rooms and nursery, ceramic tile 7 feet 5 inches above floor. Ceramic tile 4 feet 6 inches above floor in utility, bath and toilet rooms.

**CEILING:** Acoustical plaster on metal lath in surgery rooms, delivery rooms, labor rooms, corridors, utility rooms, library, main foyer and offices; all other rooms, plaster on gypsum board lath; boiler room, transformer room and storage rooms unfinished with exposed concrete beams.

**ROOF:** Reinforced concrete beams and slab constructed as future additional story-height floor. Sand fill over slab to provide slope to drainage scuppers; 3 inch unreinforced con-

crete sand fill and tar and gravel roofing. Mastic roof decking on central portion of roof and walkway to east ramp.

**HEATING:** Two high-pressure gas burner boilers with foundation and rough plumbing for third boiler. Low-pressure radiation with cast-iron exposed radiators for heating in major portion of hospital. Surgery rooms, delivery rooms, labor rooms, library, emergency and business office section heated by warm air with automatically controlled humidifiers.

**VENTILATION:** Cold air circulating system throughout building. Separate fans for surgery and maternity sections.

**ELECTRICAL:** Electric service from private utility company to main transformers and switch panel in boiler room. All distribution wiring in steel conduit throughout building. Lighting fixtures, exposed, recessed and fluorescent. Emergency standby electricity provided by gasoline powered generator with magnetic switch providing for automatic turnover in case of power failure.

**PNEUMATIC TUBES:** 4 inch tubes throughout building for transporting records, written messages, x-ray films, laboratory specimens, prescriptions, small packages.

**TWO-WAY COMMUNICATION SYSTEM:** From each patient's bedside to nursing station allowing patient and nurse to talk back and forth.

**DOCTORS' SIGNALING SYSTEMS:** In-and-out register with lights and push buttons at two entrances which are connected to master in-and-out board at switchboard central room with remote control arrangement. Also audible paging system.

**AUTOMATIC ELECTRIC EYE DOOR:** At emergency and ambulance entrance.

**GERMICIDAL LAMPS:** Ceiling suspended type, in emergency surgery, all nurseries and all waiting rooms.

**ELEVATORS:** One automatic, self-leveling

passenger elevator installed complete, a second elevator shaft constructed for future installation, with space between floors temporarily finished for use as waiting rooms. Two dumbwaiters installed complete.

**SIZE:** Total area of new unit, 62,280 square feet. Total cubage, 691,800 cubic feet.

**CAPACITY:** New unit contains 101 beds for adults, five labor beds, eight beds in emergency hospital ward; total, 114 adult beds plus thirty bassinets for newborn. In case of need could be expanded for 145 adults by placing three beds in some two-bed wards.

**COST:** Total construction cost including equipment and architects' fees but excluding land, approximately \$750,000, or \$12.23 per square foot, or \$1.08 per cubic foot; approximately \$6300 per bed.



fourth floor of the old building are the interns' quarters and provision for a future solarium on the roof of the west wing.

The present fifth floor of the new addition is the roof, which is flat and designed as a helicopter landing field. With this feature in mind, the patients' elevator leads to the roof, as do the ramps and the stairs, so that it is possible for helicopter ambulances to land patients on the roof; they are then wheeled into the hospital via either the elevator or the ramps. It is hoped that the staff doctor of the future may also find the roof landing field a convenient hospital entrance after making his rounds in the surrounding countryside.

Although the new building is of fireproof construction, there are two enclosed ramps—one at each end of the building—to provide means of immediate evacuation of the hospital in case of disaster. The ramps go from the roof to the ground and comply with the new building code provision requiring hospitals to have exit ramps. These ramps are wide enough to provide for the passage of hospital beds. In case of need, nurses and hospital attendants would be able to roll pa-



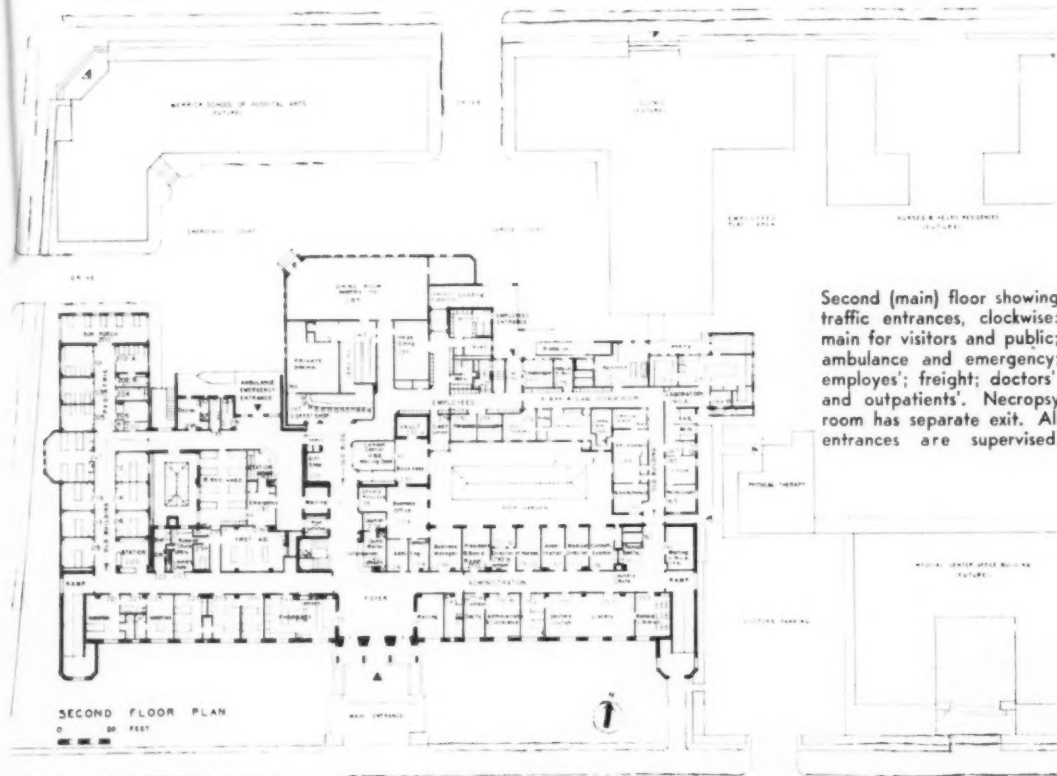
Main entrance foyer before installation of furnishings.

tients' beds out of the rooms down the ramps to the outside.

The new hospital is the first unit of a community medical center, which is to include a new outpatient clinic building, an education building to house the Herrick School of Hospital Arts, a building to house doctors' offices, and an auditorium and classroom for the education of the community in public health. Additional land adjacent to the hospital, now used for housing employees and students, has already been acquired.

The Herrick Medical Center as

planned by the board of trustees is to combine complete facilities for prevention, diagnosis and treatment of disease for both hospital patients and ambulatory patients, acute, chronic and convalescent; for the rich and the poor without regard to race, color or creed. Plans also include a complete hospital teaching program to educate medical interns and resident physicians in the medical specialties, and schools for nurses, x-ray technicians, laboratory technicians, dietitians, record librarians, anesthetists and a program of public health education.



Second (main) floor showing traffic entrances, clockwise: main for visitors and public; ambulance and emergency; employees'; freight; doctors', and outpatients'. Necropsy room has separate exit. All entrances are supervised.

# TOYS PRESCRIBED

*The provision of toys, games and books in the hospital makes less work for the nurse when the child is taught to use them constructively. And they give him experience that will be valuable throughout his life*

RUTH BISHOP

Chicago

AS WE opened the doors into the children's division we heard a cry on one pitch from the room by the desk.

"Well, Robert is well enough to cry."

"He sounds bored."

The night nurse walked out of the storeroom and into Robert's room carrying a toy bear and a string of brightly colored wooden beads. The crying wavered uncertainly for half a minute and then stopped. When we looked in as we passed the door, 4 year old Robert lay holding the bear which was wearing a necklace of beads, looking intently at it. He was, indeed, a different boy from the languid child of the day before; he could again take an interest in toys.

## NEED SOMETHING TO DO

In the hospital, as in normal life, the child hungers for something to do. He uses the things nearest at hand to express that hunger. In the hospital a young child especially may shake the side of his crib, pull his bed linen apart, build with his dishes. Denied even these activities by adult disapproval or by weakness he may cry incessantly. Toys, good toys, along with games and books provide a means of letting loose this activity without destruction of material and annoyance to others.

The old idea that toys, books and games provide casual amusement to while away the hours between the important episodes in the child's life of eating, sleeping and toilet training has now been superseded by the knowledge that they are his early tools of learning, more important than school-books, paper and pencil because they are the means of his learning the basic habits of life and adjustment to life. These habits and adjustments the preschool child must learn before school can have its full value.

Aside from providing informal education, play is of value in the hospital, although such value may be a corollary to education. Play helps the active child to remain quietly in bed; otherwise, he can only jump around or cry out of boredom. His energy, therefore, is used to build his body and his reserve of strength, as well as constructive habits and attitudes.

Play transforms a potentially unpleasant experience to one that is enjoyable and constructive physically, emotionally and socially. When an illness proves constructive as well as pleasant, the child does not wish to remain sick to prolong the pleasure. Play with specific toys encourages the use of muscles that need strengthening, as those weakened by infantile paralysis or by disuse while a fracture is healing. Play enables the child to catch up on development missed during illness.

This value of play and of toys is now being recognized in hospitals. While play was viewed lightly by most parents and educators, the same outlook prevailed, of course, in most of our hospitals. Yet to encourage play for the child requires also that problems associated with such activity be solved. The toys dropped or thrown on the floor make extra work for nurses and maids. Many toys break or are broken after short use. But proper selection of toys and training of the child prevent most dropping and breaking. The child's short interest span requires that toys be changed frequently. Proper selection makes them hold the child's interest to the maximum, and provision of a place for toys within easy reach of the child and training him to keep in place those that are not in use reduce this

need to change them to prevent boredom. Thus, the child learns the informal lesson directly associated with the toys but also the more general one of their proper place and use.

Several companies put out sturdy, well built and colorful toys and games. Such companies have collaborated with educators and psychologists in order to provide toys suited to the need of children of all ages.

Large wood beads of bright primary colors are among the first toys that replace the cuddly animals and dolls. At first they appeal as a closed string. As the child learns to manipulate thumb against finger he begins to string the beads himself, which is valuable in developing eye and hand coordination.

## TEACH CHILD TO BUILD

Blocks are another early toy. The usual baby blocks are suitable at first. Later, numerous blocks, which may be of various shapes, stimulate the older child to build. In his earliest attempts to build the child just piles, and by piling again and again he learns that unless he builds carefully his structure will fall over. But then he will build to see how high he can make a rickety pile, then screams in glee to see and hear it topple over. In time he learns to plan what he wants, making more and more complicated structures as he grows older.

Oil clay and crayons also provide creative activity. The oil clay is fun to feel and roll into balls even if nothing more is done with it. But it lends itself to ready modeling by the amateur, for it stays in place and yet does not harden as does water clay. Large crayons of a few simple colors satisfy the young child. After he has learned

how to handle them and has begun to make some pictures, then he will need smaller crayons in more colors. Blank

news sheets are ideal for they are comparatively inexpensive and so can be used quite freely. As the child becomes

more expert at drawing he can graduate to drawing paper.

The child can readily use these toys in the hospital. Others, such as pull toys, may or may not be used, depending upon the hospital setup. The ones for active physical use are, of course, inappropriate except under special circumstances. Bicycles may be used in the physical therapy department or gymnasium by children who need to develop certain leg muscles. If several children can be taken out on a sun porch, bean bags, as well as sand and sand toys, may be useful.

A shoe bag hung at the head of the bed provides the necessary place for toys. The child himself should be responsible for putting his playthings in place when the nurse tells him a meal is soon to be served or it is time for rest. Such a bag can be removed at night.

#### PLAY WITH OTHER CHILDREN

While toys may or may not be used by one child alone, games almost always need two or more players. In many hospitals if children who are old enough to enjoy games are not already together in the same room they can usually meet during the day. The nurse, or occupational therapist, if there is one, will enable the child to make these contacts for the first time. Then he will be eager to join other children each day.

The nurses can solicit the help of these older children in guiding the younger ones in the use of their toys. The best guidance is that which permits the child himself to use the toys in any constructive way but prevents misuse and destruction; this is accomplished through suggestion and, if that fails, removal of the game or toy for a time.

Books and magazines brought in by parents may be supplemented by those from the library. Wholesome books suited to the child's age may be read aloud to all the children in a room or lent to an individual. Many of the children's magazines today give puzzles to solve, directions for making some article, or games to play. These activities require simple equipment and may absorb the child for hours.

Toys, games and books in the hospital, as in the home, can make less work for the nurse when the child is taught how to use them constructively. At the same time they interest him and give him experience that will be valuable throughout his life.

## NEW FACE for Community Hospital

**BERTHA HARDING**

Administrator, Community Hospital, Geneva, Ill.

**S**EVENTY-TWO thousand dollars for the general remodeling of Community Hospital, Geneva, Ill., in the fall of 1945 did not provide for improving the dark old oaken face of "the front door." Believing that a hospital entrance hall and reception rooms should wear an air of friendly welcome and be possessed of comfort, the administrator suggested to the woman's auxiliary: "How about rejuvenating the front of the house? It needs doing."

So here we are two years, a lot of effort and \$4848.59 later with an utterly transformed suite of rooms that has everyone who ever knew the hospital talking.

It is a far cry from the tan paint, heavy oak woodwork, massive fireplace and utilitarian furniture to today's harmony of quiet green walls, white marble Adam mantel, soft gray rugs, modern fawn-finish tables and chairs with their antique green coverings, the acoustical ceilings, softly

shaded lamps and flowered draperies in French gray, oyster white, yellow, chartreuse and green.

Perhaps the most spectacular change was in the fifty-seven year old oak staircase and wainscoting of the entrance hall itself which is now bleached and refinished to a satiny warm gray identical with the fawn color of the wood in the furniture. One sentence can describe that part of the face-lifting. Five men working three weeks and \$1000 did the trick.

The final touch was finding comfortable metal porch furniture in the white, yellow, gray and green of the indoor color plan to make an added outdoor sitting room of the wide front porch—a perfect place for visitors to enjoy Community's century old trees and colorful gardens.

For the two years of planning, the rebuilding and redecorating plus the refurnishing and the almost \$5000 in cost, the hospital is convinced the results are more than worth the effort.



Dark oak woodwork and tan paint (left) have yielded to satiny gray paneling, green walls, modern furniture and white marble mantel.

# SWEDEN BUILDS

## Ear-Nose-Throat Clinic at University Hospital, Uppsala

**C. O. NYLEN, M.D.**

Professor, University Hospital, Uppsala

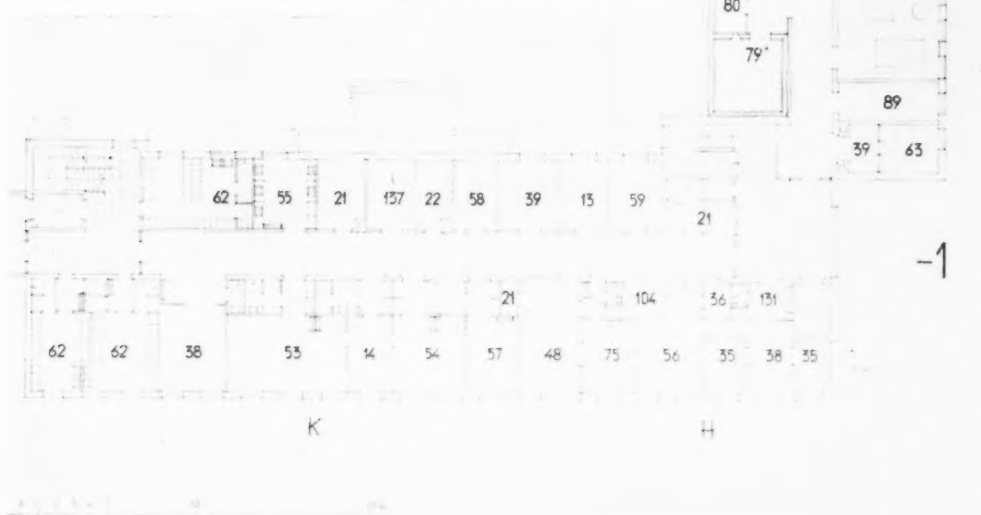
**GUSTAF BIRCH-LINDGREN**

Architect, Stockholm, Sweden

**B**ECAUSE the great new developments of medicine during the last decades have made it impossible for one doctor to master every field, many new specialties have been born. Among these is otorhinolaryngology. Specialists in this branch of medicine are to be found in many parts of the world, but departments entirely devoted to ear, nose and throat diseases and, still more, such departments planned also for teaching and research in this special branch, are still lacking in many places. Where they are to be found, they are often placed in a building together with other specialties. In Sweden this is the case in nearly every general hospital of any importance, including the University Hospital of Uppsala.

The first department of this kind at University Hospital was established in 1917 by the late professor Robert Bárány. It had very narrow space, only twelve beds, and shared a building with the pediatric department. In 1926 it moved to the surgical pavilion; the number of beds was increased in 1926 to thirty-eight; in 1928 to sixty-one, and in 1939 to seventy-three. However, the number of beds has proved inadequate, and the space devoted to the constantly growing outpatient department, to teaching and to research work has been more and more unsatisfactory. For these reasons the erection of a new building has been found necessary; the state and the county will share the costs.

The following facts may be of in-





terest. The district, which is covered by the University Hospital, counted 140,662 people in 1944. However, nearly 25 per cent of the beds in the present clinic, seventy-three, during this year were occupied by patients coming from other districts. The clinic thus corresponded to a population of approximately 175,000, or four beds to each 10,000 persons. The new clinic building will contain 102 beds, which corresponds approximately to six beds per 10,000 population.

It may be mentioned that a state committee in 1946 found that two beds per 10,000 population were adequate as a medium figure for the vari-

ous Swedish counties. In comparison with this, the figures from Uppsala, four and six, respectively, may look astonishingly high, but several reasons for this can be advanced. At all events it seems sure that a relation of two to 10,000 does not conform with the needs of a university clinic, as this figure was passed a quarter of a century ago in Uppsala and the present need of beds is three times the one estimated by the committee.

Concerning the number of beds in the present clinic the following figures may be worth attention.

The occupancy during 1944 was 100 per cent or more during two-thirds

of the year. At certain times the number of beds had to be temporarily increased and during the spring, about 100 beds were desired. During this year, when 1592 patients were hospitalized, about the same number had to be turned away in spite of the fact that they needed to be taken into the hospital.

The number of new patients in the outpatient department increased from 1404 in 1926 to 7261 in 1944; the number of visits (new and returning patients) increased from 12,573 in 1931 to 19,879 in 1944; the highest number of such visits during one single day in 1944 was 119. The number

#### KEY TO NUMBERS ON FLOOR PLAN ▶



# KEY OF ROOMS AND WARDS

1. One patient
- 1.1 Isolation
2. Two patients
3. Three patients
6. Six patients
11. Infants
12. Serving kitchen
13. Utility room
14. Nurses' station
15. Dayroom
16. Smoking room
17. Play room
18. Balcony
19. Flower room
20. Wash room
21. Storeroom
22. Linen room
23. Airing balcony
31. Emergency room
32. Treatment room
33. Head physician examination
34. Assistant head physician
35. Treatment room
36. Sterilizing room
37. Information room
38. Waiting room
- 38.A Waiting room for children
39. Resting room
48. Examination and demonstration
51. Patient's bath
52. Staff bath
53. Arc and quartz light
54. Diathermy
55. Inhalation
56. Consulting room
57. Steam tent
58. Drying room
59. Expedition
60. Bathing-woman
62. Dressing room
63. Reserve autoclave room
71. Operation
- 72.A Histological laboratory
- 72.B Chemical laboratory
- 72.C Head physician laboratory
- 72.D Assistant physician laboratory
- 72.E Assistant laboratory
73. X-ray
74. TB endoscopy
75. Doctor
76. Preparation
77. Bandage sterilizing room
78. Bandage room
- 79.A Audiometric room, general examination
- 79.B Audiometric room, research examination

- 79.C Audiometric room, individual examination
80. Observation room
81. Clyster room
82. Office
83. Doctors' conference room
84. Nurse on duty
85. Sink room
86. Vestibular room
89. Hearing examination
91. Auditorium
92. Materials
93. Doctors' office
94. Students
95. Students' workroom
101. Animal operation
102. Operated animals
103. Photography
104. Darkroom
105. Mechanical shop
106. Electrical shop
107. Psychophysiology laboratory
108. Library
115. Staff dining room
116. Kitchen
121. Transformers
122. Patients' clothes
123. Telephone
124. Janitor's closet
125. Entrance
126. Air raid shelter
127. Sluice
128. Elevator machinery
129. Soiled linen
130. Garbage
131. Cloakroom
132. Archives
133. Talc room
134. Soiled bandages
135. Secretary
136. Reserve room
137. Stretcher room

## WARDS AND DEPARTMENTS

- A. Male ward
- B. Female ward
- C. Children's ward
- D. Private ward
- E. Infectious ward
- F. Tuberculosis ward
- G. Outpatient department
- H. Phoniatric department
- I. Outpatient operation
- J. Inpatient operation
- K. Physical therapy
- L. Otolaryngological and bath
- M. Teaching department
- N. Research department

of patients sent for consultation, of whom a great part were otoneurological cases, has steadily increased and was 810 in 1944.

The teaching program, which for many years has included three courses, each of two months' length, and which since 1939 has been improved considerably regarding both the number of lectures and the practical direction and training given in spite of the limited space, has created much trouble.

For the research work no special rooms have hitherto been available, thus making it necessary to use rooms designed for other purposes or in other institutions.

The increased work has made it nec-



essary to increase the number of doctors from three in 1926 to five in 1944.

To meet the demands for good care and also medical teaching and research, a considerably increased space was necessary compared with earlier conditions. The possibilities of good planning are also considerably increased if the clinic can be built as a separate building. Inasmuch as an ear clinic ought to be regarded if not as a contagious hospital at least as a "semi-contagious" one, a special building connected with the main hospital through tunnels ought to be favored, if conditions allow this. This isolation must be maintained against infections not only from the outside, but also from those transmitted among the different departments of the clinic itself.

The observations and investigations in Uppsala, as well as those in other clinics, show that the disease in the E.N.T. field very often is highly communicable and can be developed by many different kinds of bacterias and viruses, of which each kind separately can be serious enough, but together are still more dangerous. It therefore is of the utmost importance that the patients, and especially the children, who are more vulnerable to nosocomial infections, do not come in contact with one another more than is absolutely necessary. It is essential to avoid risks in this direction through isolation and other means as far as possible from the moment the patient enters the door of the hospital.

Thus, not only is the main entrance for staff, personnel and visitors separated from the entrance to the out-patient department, but the latter has separate entrances, waiting rooms and

treatment rooms for children and for adults.

The need to eliminate the risk of cross-infections has influenced the planning in several other ways. Thus the clinic is divided into several small units, which can be isolated:

1. Ward unit for children	23 beds
2. Ward unit for women	26 beds
3. Ward unit for men	26 beds
4. Private ward for women and men	14 beds
5. Isolation ward	13 beds

Total	102 beds
-------	----------

The isolation ward is of great importance. This is divided into two parts, each with its own treatment and waiting room; one unit has four beds for tuberculosis, and the other has nine beds for other infections so that suspicious cases of scarlatina, measles and similar diseases can be observed.

In each ward unit the number of isolation rooms is four or five. The total number of isolation rooms corresponds to 25 per cent of the total number, 102 beds. The other rooms in the ward units contain only four or three beds except for two rooms in the women's and men's unit, which are planned for six patients each. These rooms, located close to the dayrooms, will be occupied by "not infected" cases. In addition, one room in the children's unit will have six completely closed cubicles, each for one infant.

The building is designed to provide ample fresh air and sunshine by means of terraces and balconies. In the children's ward there is even a balcony outside each room.

Another important principle has been carried through as far as possible,

*i.e.* to favor the personal contact between patient and doctor during examination and treatment. This principle is often broken during the rush in a department of this kind. To avoid this and stimulate the personal contact, each doctor has his own treatment room in the O.P.D. Ample space is provided for rest after the treatment. In the ward units for the adults privacy will be favored by the inclusion of a small room for consultation with the doctor in connection with each treatment room.

Speaking of the doctors, it may be mentioned that each one has his own workroom, that several laboratories for research work are planned, and that in other ways the necessity of stimulating the working spirit of doctors and staff through suitable surroundings and arrangements has been observed.

A third principle, which has proved





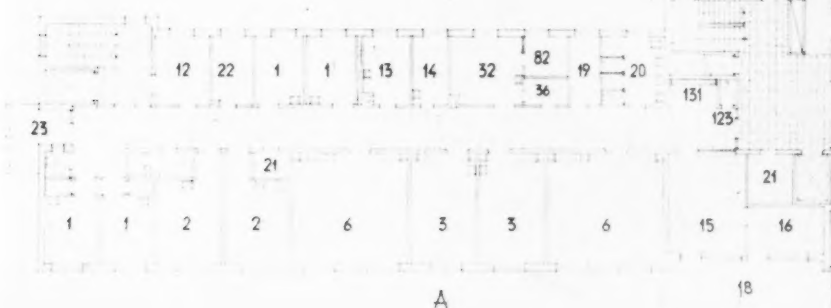
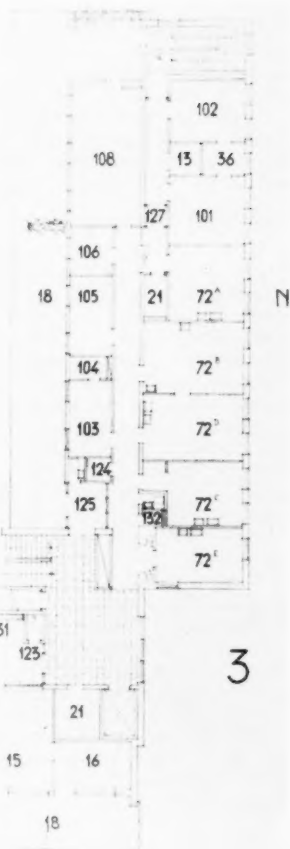
successful during the planning is the collecting of the wards in one "bed" building and the operation, teaching and research departments in another "treatment" building, or wing, with the vertical traffic center between. This general arrangement has proved to facilitate and simplify the planning, at the same time giving an economical solution of the whole building.

The planning is most easily studied through the drawings. It may be mentioned that the ward units correspond to what has been established in Sweden as a general standard in large hospitals. This standard includes in each ward unit for adults not only a dayroom but also a small smoking room. In the clinical operation department the endoscopy room for tuberculosis is separated from the other operation rooms by doors in the corridor. We think that it will be possible to do all the

operations on the patients from the isolation ward in their own treatment rooms. This arrangement permitted us to add several rooms in the clinic operation department. An otoneurological department is, for technical reasons, placed in the basement. The "silent room" is divided into four different parts, and the vestibular room has tables for the rotation, positional and tipping tests. Also, rooms for a phoniatric polyclinic, and the physical therapy and bath department are to be found here.

As the drawings of the new clinic will show, the outpatient department and the directors' departments are situated on the ground floor.

The departments for teaching and experimental research in the second and third floors in the wing have been designed for the special needs they have to fill.



# SMALL HOSPITAL TRAINING

## IS VALUABLE to the administrative intern

### HERBERT M. KRAUSS

Administrator  
Burlington Protestant Hospital  
Burlington, Iowa

**I**N AN analysis of six profitable and pleasant months as an administrative intern in a small community hospital it is expedient to dissect one's general impression into its contributing parts.

The hospital administrator, a well trained and experienced public health administrator, had been director of both the county health department and the hospital for one year. He declared himself a novice at hospital administration, but in that year he had bumped into a large quantity of experience and he had been learning fast—the hard way. He appreciated having around an intern with some education on the subject, and so we learned much together as each new problem came along.

#### EARNED RESPONSIBILITY

He accepted me on an equal level of rank in the organization, set up an exhaustive training program, and allowed me great freedom of expression and initiative to make mistakes. He gradually gave me more and more responsibility—after letting me "earn it," and when circumstances required someone to approve and pay the invoices he elected me for the job. When we had a sudden vacancy I became the dietitian, to the consternation of a few salesmen, and had full authority in managing the dietary department for seven weeks.

When the administrator went on two weeks' vacation he gave me the responsibility of running the show with the nursing supervisor. It was then that I learned that, frequently, administrative decisions must be pulled out of a hat.

Although some hospital administration students believe that "big hospital" administrative experience is the best, my internship was highly satis-

For the first six months of his year as an administrative intern the author was stationed at a sixty-five bed community hospital in a city of 8000 people in southern Michigan. This is an analysis of the experience.

factory because there was a chance to work at learning the ropes instead of merely carrying on research projects or observing how others did it.

It was my belief that in a small hospital one could more quickly grasp the organization of departments and how they fitted together than one could by wandering around in a larger institution. This belief has been confirmed since my second six months have been spent in a hospital of 200 beds.

One of the attractions of the administrative internship was the educational program outlined by the sponsoring organization, which experimented in administrative internships by taking on six of us as guinea pigs for one year. It seemed like a good bet to have two sources of responsibility for the progress of the intern: the administrator and the sponsoring organization. We were not disappointed. The field trips and conferences attended rounded out the hospital experience. The seminars at which we six interns and our administrators gathered every three weeks bore frank and fruitful discussion. We also presented (and picked apart) our monthly financial reports and conducted simulated board meetings.

The required weekly communication to our university, sent via our administrator and the sponsoring organization, allowed for a play-by-play appraisal of the internship.

We studied related organizations, such as county health departments, the Michigan Hospital Association, the Michigan Blue Cross organization, the Southwestern Michigan Hospital Council, and the Michigan Community Health Project. Thus we attempted to fit the hospital into its community setting.

Coming from a large city, I had anticipated a rather bleak social exist-

ence during those six months. But instead of expensive and neat but gaudy big city entertainment there was time for tennis and swimming, picnics and movies, and in winter there were ice skating, tobogganing and bowling. On many evenings I drifted back to the hospital to run down a missing invoice or to grind some more thesis through the typewriter. When the one hundred and eighty-second day had rolled around I had come to appreciate the peace and quiet, the leisurely tempo, and the friendliness of a small city. I was practically sold on country life. During those months I gained an appreciation of the health problems in a rural area and of how a small community can profit by having a modern hospital with excellent physical equipment.

#### EXPLORED VALUE OF THEORIES

Some of the more intangible values found were these: the opportunity to explore the value of book-learned theories; the chance to find out if I had executive wings or winglets; gaining a broader understanding of hospital management; learning to work with specialized personnel—and what hospital folk mean by a "prima donna"; learning some of the things not to do, and, finally, learning that a hospital administrator needs to have a large reserve of patience always ready for immediate use.

The most important single factor in a successful administrative internship is the man from whom the intern is to learn. If he is a qualified administrator the intern can learn, whether he is in a small rural hospital or in one that is wider, longer, higher, and located in a large city. There are some advantages to be gained by having one's initial experience in a small hospital. If this can be supplemented by experience in a larger institution it provides an ideal combination.

Perhaps the second most important factor in a worth-while internship



(disregarding the intern's assets and liabilities) is a carefully planned educational program. This could be developed by the university where the intern studied, the American Hospital Association, the American College of Hospital Administrators, other interested educational organizations, or by the administrator himself.

Given an administrator who is willing to make the effort to help his intern learn sound principles, and given a well prepared educational program, it is my conclusion that an administrative internship in a small hospital can prove to be a valuable experience and an extremely enjoyable one.

## COLD Without Ice

RITZ E. HEERMAN

Superintendent, California Hospital, Los Angeles

THE California Hospital has for ten years used a system of cold application that eliminates the need for cracked ice. The system consists of rubber containers of various sizes in which a solution of water and C.P. glycerin is vulcanized without use of metal parts. The bags are stored on direct expansion shelves in a refrigerator with temperature controls so that the cold application will be about 22° F. when the bag is applied to the patient. When a nurse desires a cold application, she merely goes to the cabinet and takes out the proper sized bag and applies it to the patient. When the bag is returned, it is dipped in a sterilized solution and placed back on the refrigerator shelf.

The use of this equipment has demonstrated these important facts:

1. That a hospital can be operated

without cracked ice for floor service. The water-glycerin system eliminates the labor and inconvenience of making and cracking ice, taking it to the floors for storage and returning old containers, and saves the time of nurses in filling and emptying the old style ice caps.

2. That this water-glycerin system is more economical for the institution.

3. That the rubber containers deteriorate very little from use and are not affected by cold or the glycerin; after ten years most of the bags are still in service.

4. The system eliminates the large expense for the replacement of ordinary ice caps.

Through experiment and research we have compiled the following facts:

1. For cold applications with ice, the average general hospital uses ap-

proximately 3 pounds of cracked ice per patient per year.

2. The average amount of labor for chipping, storing and delivering ice is approximately eight and one-half minutes per patient per year.

3. The average cost of ice made or purchased is about \$4.50 per hundredweight.

4. The average time saved by nurses applying the water-glycerin bag as compared with the preparation of ice caps is about three minutes per ice cap.

5. The loss and replacement of ordinary ice caps is a considerable cost item in a hospital because ice caps are immediately discarded when leaks occur.

6. A comparison of costs for a 200 bed general hospital is shown in the accompanying table.

The pathologist in the institution determined that if the bag was punctured the glycerin-water solution would have no harmful effects on skin, and ten years of experience has never produced any case of discomfort or injury.

The pathologist and attending physicians experimenting with the water-glycerin bag found that the average starting temperature of the bag is about 22° F. and in about twenty-five minutes the temperature rises to 33° F. They also determined that no harmful reaction on tissues occurs with cold application of from 22° to 32° F. A sustained temperature at 32° F. may cause a tingling sensation as a result of the contraction of the blood vessels but no permanent damage ensues.

Tests carried out indicate that although the temperature of the bag may start at 22° F. it rises in a short time to 32° F. and then requires the same number of Btu. as does changing ice at 32° to water at 32° F. These figures are needed for calculation:

1 Btu. is required to raise 1 pound of water 1° F.

144 Btu. are required to change 1 pound of ice at 32° to water at 32° F. (the heat of fusion of water).

Experiments also showed that the water-glycerin bag, because the temperature is lower than that of ice in an ice cap, will serve as a cold application on a patient from thirty to sixty minutes longer than will the average ice bag of similar size.

The mixture of water and C.P. glycerin does not freeze solid but becomes a flake-like composition which is more comfortable for the patients because there are no sharp edges.

### ANNUAL COST OF PREPARING ICE BAGS

1. Cost of ice: 6000 patients × 3 lbs. × \$4.50 per 100 lbs.....	\$ 810.00
2. Labor of handling ice = 850 hours.....	850.00
3. Replacement of ordinary ice caps per year.....	122.00
4. Nursing time wasted by using ordinary ice caps based on estimated 25 ice caps per day at 3 minutes = 456 hours.....	456.00
Total.....	\$2,238.00

### ANNUAL COST OF OPERATING WATER-GLYCERIN INSTALLATION

1. Electricity @ 2 cents per k.w.h.....	\$ 33.10
2. Labor, defrosting and inspection.....	100.00
3. Replacement or refilling damaged bag.....	39.30
4. Annual service and depreciation. Investment \$2,094.00 × 20%.....	418.80
Total yearly operating cost.....	\$ 591.20
For water-glycerin installation with three refrigerator units, complete with assortment of bags. Total installation, approximately \$2094 investment.	

# People in Pictures



Frederic Newell, sales manager of Associated Hospital Service, New York City, (left) shows a bystander the mechanical statistics book, a feature of the Blue Cross exhibit at New York Museum of Science and Industry, Rockefeller Center.



Lottie Murray explains the art of playing the bagpipes to Dr. Malcolm T. MacEachern, American College of Surgeons, and Dr. G. Harvey Agnew of the Canadian Hospital Association during the Ontario Hospital Association convention.

Foregathered at the Nebraska Hospital Association meeting are (left to right) Francis J. Bath, business manager, Creighton Memorial St. Joseph's Hospital, Omaha, who received commendation from his associates for his work as editor of the "Nebraska Hospital News"; Eugene Saxton, Dodge County Hospital, Fremont, and T. J. McGinty, administrator, Lincoln General Hospital, Lincoln, who was program chairman.



Missouri Hospital Association officers: Back row, left to right: Mrs. Irene F. McCabe, executive secretary, and Rev. E. C. Hofius, treasurer. Front row, left to right: President-elect Clinton F. Smith, St. Louis City Hospital; Herbert S. Wright, second vice president, Southeast Missouri Hospital, Cape Girardeau; Mrs. Lloyd Mark, chairman, Holt County Home and Community Committee, Missouri Farm Bureau Federation.



Left: Linda Richards, portrayed by Frances Brewer, is greeted by Capt. Margaret Tucker, A.N.C., at the Diamond Jubilee of Nursing Banquet in New York, as Elsie Palmer and Lesbeth Marscher look on. Right: Banquet speaker Dr. Arthur W. Allen, past president of the American College of Surgeons, at microphone. Pearl McIver, R.N., president of the A.N.A., is seated at Dr. Allen's left.



# Small Hospital Forum

## WHAT THEY DO ABOUT DEBTORS

### Small Hospitals Report on Credit Policies and Collection Results

CREDIT losses and collection experiences generally have remained about the same throughout the last year in a group of small hospitals surveyed on this subject recently. Stated write-offs of these hospitals vary from "less than 1 per cent of total billings" to 5 per cent. Only about half the hospitals, however, were able to give an exact figure; the remainder either gave no figure at all or said that they failed to collect from 5 to 10 per cent of billings, but did not differentiate between bad debts and losses on indigent patients.

Among the hospitals whose statistical records enabled them to compare credit experience today with that of a year ago, four said that losses had increased slightly during the year and five reported somewhat diminished losses. The remainder reported that credit experience was "about the same."

#### REQUEST ADVANCE PAYMENT

Approximately one-third of the reporting hospitals request an advance payment of every patient at the time of admission. In the remainder of the hospitals advance payment is requested in some cases, but not in others. For example, several hospitals make no such request of patients known to have Blue Cross or other hospitalization insurance protection. Others also eliminate known, or likely, compensation cases. Still others make a selection on the basis of the estimated amount of the bill—eliminating the request for payment in short stay or low cost cases.

One hospital administrator makes an interesting observation about a change in policy in connection with the request for payment in advance.

"After working several years as credit manager in a large hospital where a deposit was required on admission but resulted in not-too-good public relations," this administrator stated, "we have experimented for the last year here without requiring payment in advance, stressing friendly, personalized care. Without increasing charges and with about the same census we will have collected some \$19,000 more this year than last.

"We hide nothing from the public, keep it abreast of our needs and prob-

lems through the press and our hospital bulletin, which is mailed to 500 key persons in the county. The same 'open door policy' has proved effective with the county officials connected directly or indirectly with the hospital. Our budget for 1949 was the only county budget not cut by council and tax board.

"On the other hand," this administrator acknowledged, "we are small and do not run into the complex credit problems encountered in a larger city."

This is how the Mohave General Hospital, Kingman, Ariz., makes final claim for payment of hospital bills before turning the account over to a collection agency.

CLAIM AND FINAL NOTICE	
State of Arizona, County of Mohave.	
KNOW ALL MEN BY THESE PRESENTS:	
_____	DEBTOR
_____	VS.
MOHAVE GENERAL HOSPITAL Kingman, Arizona	CREDITOR
TO THE ABOVE NAMED DEBTOR	
TAKE FINAL AND DUE NOTICE: That the above CREDITOR hereby makes demand for the sum of \$ _____ with interest at the rate of 6 percent per annum.	
NOW, THEREFORE, said CREDITOR affirms that unless the amount complained of to DEBTOR, or a sufficient part thereof, is paid to the CREDITOR in the City of Kingman, County of Mohave, State of Arizona, within 15 days from date hereof, or you SHOW GOOD AND SUFFICIENT REASONS why claim is unpaid and make satisfactory adjustment thereof Court action will be necessary to collect above amount, meaning costs and expenses in addition to amount of said claim.	
Dated at _____	this _____ day of _____, A.D. 19____
DEMAND FOR PAYMENT THE ATTACHED CHECK IS FOR YOUR CONVENIENCE	
<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right;">DATE 19 ____ NO. ____</div> <div style="text-align: center;">NAME OF YOUR BANK</div> <div style="text-align: center;">ADDRESS</div> <div style="text-align: center;">PAY TO THE ORDER OF: MOHAVE GENERAL HOSPITAL, Kingman, Arizona, \$ _____</div> <div style="text-align: right;">DOLLARS</div> <div style="text-align: right;">YOUR SIGNATURE</div> </div>	

The local retail credit bureau is the most commonly used source of credit information among these hospitals. Nearly half the hospitals in the group said that credit bureau information is sought in doubtful cases or when it is necessary to extend credit. Other sources of credit information mentioned are the patient's (or husband's or father's) employer, staff doctors, personal interviews and local banks. Four hospitals in the group said frankly that they make no particular effort to obtain credit information.

All but one of these hospitals make an effort to collect any unpaid balance of the hospital bill at the time of the patient's discharge. One hospital reports that credit experience has been substantially improved since the policy of collection at the time of discharge was modified to permit simply a discussion of arrangements for continued payment at that time. Frequently, this administrator reports, the patient who is unable to pay the balance of his bill at the time of discharge is perfectly willing then to make some arrangement for monthly cash payments or even pay roll deduction payments through his employer so that the bill will ultimately be paid in full.

Slightly more than half the hospitals in the group have a regular system or series of follow-up letters for unpaid balances. Several of these hospitals have only two follow-up letters, others have three, no hospital has more than four letters in the series.

Some of the collection and reminder forms used by these hospitals are reproduced here. Others take the form of simple letters. For example, one hospital writes the following letter to patients whose bills remain unpaid after the second month: "May we remind you again of the unpaid balance on your hospital bill. This amount is now \$—. Will you be good enough to come in and discuss the possibility of payments which will be convenient to us both? Your cooperation will be very much appreciated and perhaps we can assist you in planning."

If this letter does not produce a satisfactory answer the following follow-up is sent the next month: "We wrote you under date of — calling to your attention the unpaid balance of your bill. The amount is now long past due. This letter serves as an added reminder to you of the unpaid balance. We hope you will plan to make some arrangement with us for clearing

## PAST DUE!

**☛** This account has no doubt escaped your notice. Will you please favor us with a remittance by return mail and oblige.

SECRETARY

**☛** We have again to remind you of this Account, which is much overdue, and must ask you for a settlement by return mail.

SECRETARY

**☛** Again reminding you of the above account, which is now overdue. Please make immediate settlement and save further expense and unpleasantness.

SECRETARY

## FINAL NOTICE

**☛** Several applications have been made for this Account, and unless it is paid before — it will be placed in the hands of an attorney to be dealt with.

SECRETARY

Above: These four notices (from top to bottom) are stamped on statements rendered by Kootenay Lake General Hospital, Nelson, B.C. Below: Reminder form sent to patients by Iron County Hospital, Cedar City, Utah.

### IRON COUNTY HOSPITAL

194

Mr. \_\_\_\_\_

Just to remind you that you are indebted to the Iron County Hospital in the sum of \$\_\_\_\_\_ for services rendered by the hospital to you.

We suggest that you will do as many of our trusted customers are doing, mail us a check or money order to balance off your account. It was an expense to hospitalize you or the member of your family incurring the above account.

We will appreciate a payment by return mail.

Remarks \_\_\_\_\_

Very Truly Yours  
IRON COUNTY HOSPITAL

up the account. The hospital is very reluctant to report to a collector any account as delinquent, but if we have not heard from you within ten days we will find it necessary to take some legal step."

This series has proved effective inasmuch as the hospital losses in this case are less than 1 per cent. However, the administrator reports that unpaid accounts are not automatically turned over to a collection agency after the second letter fails to produce results. Instead, further individualized effort is added first.

Another effective series of follow-up letters used by one of these hospitals first suggests that the patient call the hospital credit officer to discuss arrangements for payment, suggesting that there may be some misunderstanding about the obligation. The second letter reminds the patient that the bill remains unpaid and that continued hospital service to the community depends upon prompt payment for services rendered. This letter suggests that the debtor "act now to correct the oversight."

The third letter in this series describes the account as "delinquent and therefore actionable." "Our office has attempted to settle this matter amicably," this letter continues, "but we have no record of response or explanation from you. Unless we receive payment or have your signed agreement to make regular and specified payments within the next ten days we have no alternative but to release your account to the credit bureau for collection."

These letters also have proved to be effective. Losses of this hospital are 1½ per cent of total billings. However, the administrator expresses the opinion that personal letters calling attention to the individual circumstances would probably be more effective. Limited office personnel at the hospital makes it necessary to use form letters instead in most cases, he adds.

Nearly all the administrators reporting on their experience believe that individual collection letters are more effective than forms or routine follow-up reminders; however, the volume of business and shortage of personnel make some use of forms necessary in practically all instances.

All but three of these hospitals make some differentiation in collection methods between patients who are known to be able to pay their bills and those for whom it is known

that the hospital bill is a financial hardship. "The size of the payment we request or will agree to depends on what can be logically paid," one administrator reported, explaining his hospital's policy. "We emphasize regularity of payments in all cases. All credit is secured by written payment agreement. In questionable cases we ask for a co-signer to this agreement."

Another administrator expressed a slightly different theory of differentiating between hardship cases and those that could afford to pay. "As a rule we endeavor to point out to patients who are well-to-do that we are appealing to them to assist us in keep-

ing the hospital on a good financial basis," this administrator explains. "The other cases we generally appeal to by asking them to do what they can within their income."

There is no uniformity in the length of time that is permitted to lapse before unpaid accounts are turned over to a collection agency or bureau. Two hospitals in the group stated that unpaid accounts may be allowed to run "indefinitely" provided there is some indication of either financial hardship or willingness to pay when able. Another hospital states that no accounts are ever turned over to an outside agency. Others regularly call in col-

lection experts — after waiting from three months to a year. The average lapse is six months in this group.

Most of the hospitals state definitely that Blue Cross and other types of hospitalization insurance have made "a great difference in the ability of the community as a whole to pay hospital bills." Only three hospitals in the group, in fact, stated that no such difference is noticeable. Typical of the other view is this comment: "In this district we can very easily say that Blue Cross alone has accounted for at least 20 per cent of our accounts which would in all probability have been bad debts."

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## Alcoholic Ward Poses No Special Problem

L. C. FRENCH, M.D.

Former Administrator, Knickerbocker Hospital, New York City

STATISTICS inform us that nearly 1 per cent of the adult population of the United States are alcoholics and approximately 3½ per cent are problem drinkers. These staggering figures definitely establish alcoholism as a major health problem that cannot be side-stepped by classing it as a moral or emotional problem of the individual. The loss of wages due to the excessive use of alcohol amounts to many millions of dollars annually, and the resulting broken homes, crime, poverty and disease cost society at least as much more.

Early in 1945 some members of Alcoholics Anonymous approached the board of trustees of Knickerbocker Hospital, New York City, with a problem. Its solution, to their minds, depended upon the willingness of a general hospital to set aside a section for the treatment of chronic alcoholics. Their contention was that if the patients' physical health could be sufficiently restored by hospitalization, then Alcoholics Anonymous could take over the psychological and spiritual task of restoring them to a normal and useful life. After several

conferences, the board and the medical staff of Knickerbocker agreed to give the plan a trial. The program was launched in April 1945.

A pavilion on the third floor of the hospital was selected as the logical location for this service, which was classified as semiprivate medical. There are five single rooms, four two-bed rooms, and one six-bed room christened "Duffy's Tavern" by the patients. As one of the single rooms is used as an examining and consultation room, there are eighteen patient beds available. New admissions occupy single or two-bed rooms depending upon sex and physical condition. Men "move up" into "Duffy's" after the second or third day as beds become available. This room also serves as the men's club room during the day and early evening hours. Female patients continue to occupy the rooms to which they are admitted. All windows except those in the club room are equipped with locked wire screens.

The club room makes possible a certain amount of group therapy which plays an important rôle in the

Knickerbocker program. Here, the patients and their sponsors discuss their common problems, hopes and fears. Here, too, they begin to absorb the principles of Alcoholics Anonymous. This arrangement has evolved from our experience on this service, and it seems to be quite effective.

Patients are selected and sponsored by members of Alcoholics Anonymous, and all admissions are arranged through A.A. headquarters. The sponsor of each patient makes the financial arrangements, accompanies him to the hospital, remains with him until he has been examined and formally admitted, and comes to the hospital for the patient upon his discharge. In fact, sponsors act as "big brothers or sisters" to their charges. Applicants are considered eligible for admission when they are ready to admit that they are alcoholics, that they cannot stop drinking without help, and that they *do want* that help. Readmissions are not permitted. Neither Alcoholics Anonymous nor the hospital trustees wish the patient to leave with the idea that, "I feel fine now, and if I slip all I have to do is to go back



to Knickerbocker and get 'dried out.'" Moreover, the psychological effect of mixing repeaters with new patients would be bad.

Visitors are limited to members of Alcoholics Anonymous. It is considered highly important to shield the patient from business and family worries while in the hospital, and this prohibition extends to telephone communication except in emergencies.

#### **\$75 FOR FIVE-DAY STAY**

The usual period of hospitalization is five days. The patient or his sponsor pays \$75 upon admission to cover the charge for this period. There are no additional medical fees, so the patient receives hospitalization and routine psychiatric and medical care for \$15 per day. In view of the fact that Alcoholics Anonymous usually keeps the beds at about an 85 per cent occupancy level, the unit just about breaks even financially. It is treated as a special ward service for the instruction of the house staff, and the attending physicians on medicine supervise the service.

If the preadmission examination shows that the patient is primarily a medical or surgical case rather than one for the alcoholic unit, he may be refused admission or transferred to the proper ward or private service. If a patient is suffering from severe cardiac involvement or pneumonia, for example, it is more desirable to care for him on the regular medical service because the alcoholic unit is not staffed for much bedside nursing. In some cases, diagnostic procedures reveal complications that need further hospitalization and treatment. The patient may elect to remain at Knick-

erbocker for the indicated therapy, or the case findings are available to his family physician for guidance.

In many of the cases treated here, the five-day hospitalization period is too short for maximum effectiveness. Few of these patients, however, have either the time or the financial resources for a long stay, so the five-day norm has been adopted as a working compromise. The treatment is not complicated. Proper diet, vitamin therapy, and ample sleep go far toward allaying the "jitters and shakes" and restoring a normal appetite for nourishing food. Many of these patients have been on an almost exclusive alcohol diet for considerable periods of time, often consuming from one to two quarts of liquor a day. It is very heartening to drop into "Duffy's Tavern" about 8:30 in the evening and see the quantities of sandwiches, milk and ice cream being consumed by men who have already had three good meals during the day, to say nothing of supplementary liquid nourishments.

The patient is made cognizant of the nature of his illness by the doctors, nurses and A.A. visitors. He is treated as an ill person, with no harsh words or recriminations. Physical restraints are seldom necessary, but the sponsor and a volunteer attendant usually remain with the patient until he is asleep. Members of Alcoholics Anonymous give many hours as voluntary attendants, and their contribution is invaluable. They understand from their own experiences with John Barleycorn just what the patient is going through and what to do to quiet and reassure him.

One charge nurse, four general duty nurses, and two nurse's aids are as-

signed to the unit. They, with the assistance of A.A. volunteers, are able to provide all necessary care for the patients inasmuch as most of them are ambulatory after the first day. The nursing cost is approximately 75 per cent of that for a general medical or surgical unit of the same size, and the per capita cost of medical supplies is comparatively low. Surprising as it may seem, it is one of the quietest sections in the hospital.

In the three and one-half years since the inception of this service, 3700 men and women have been treated. Such information as may be available through the various groups of Alcoholics Anonymous, supplemented by later personal and hospital contacts with the patients, indicates that the percentage of Knickerbocker "graduates" who remain dry is encouragingly high. Of course, much of the credit for this continued abstinence must go to the A.A. groups as they do the real follow-up work with the patients.

#### **THEY CAN BE HELPED**

Based upon this hospital's experience with nearly 4000 alcoholics during a period of three and one-half years, the following conclusions seem to be justified:

1. The alcoholic is a sick person and in many cases can be helped by proper medical and psychiatric treatment.
2. It is quite feasible to care for such patients in a general hospital if they are properly screened before admission.
3. Such a service need not interfere with other hospital services.
4. It poses no great nursing problem.
5. It is less expensive to operate than a general surgical or medical service.
6. It lends itself readily to inclusion as a regular medical service for teaching purposes.
7. It is highly worth while because of the number of "sick people" who are restored to useful family and vocational life.

As a hospital administrator I continue to be amazed at the changes that can be wrought by scientific medical care and psychological direction in such a short time. Men and women who came into the hospital defeated, hopeless and, in many cases, helpless go forth to face the world with hope and confidence renewed.

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### **WRITE FOR YOUR VOLUME INDEX**

If you bind your volumes of *The MODERN HOSPITAL* you will want the index to volume 71, covering issues from July through December 1948. You may obtain your free copy by writing to *The MODERN HOSPITAL* at 919 North Michigan Avenue, Chicago 11, Illinois.

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St. Luke's day nursery now has eleven small residents who enjoy all the comforts of home while their mothers are on duty in the hospital. Play pen, electric refrigerator, high chair, small table and chairs and other equipment make the room a pleasant day-time home.



## Nurse Nurses' Babies in **DAY NURSERY**

### MELVIN H. DUNN

Assistant Administrator  
St. Luke's Hospital, Kansas City, Mo.

### M. ALICIA SAYRE, R.N.

Director of Nurses  
St. Luke's Hospital, Kansas City, Mo.

**I**N ORDER to help meet its nursing needs, St. Luke's Hospital, Kansas City, Mo., opened a day nursery for babies of registered nurses who would work in our hospital. With the shortage of graduate nurses, we believe the day nursery establishment will be a highly effective method of attracting them to St. Luke's Hospital.

It is not unusual, at the present time, to enter our dining room in the evening and see father, mother and baby seated at the table. The wives of two of our resident physicians are working and their babies are placed in the nursery. Only those babies and preschool children are accepted whose mothers are registered nurses.

This type of service, connected with the hospital and under the supervision of a registered nurse, relieves the parents of exorbitant day nursery charges,

inconvenience and worries and assures the mother that her baby is placed in a well equipped, well lighted, and well ventilated nursery that renders the most modern service and is a cheerful place for the child to play and rest.

A graduate, who is herself the mother of an 18 month old daughter and the wife of a resident physician, organized the nursery in two rooms on the first floor of the St. Luke's nurses' residence. Cribs were installed in the "nap" room, while a play pen, electric refrigerator, high chair, small table and chairs, and other equipment made the playroom attractive and useful.

The nursery provides baby care, lunches, nourishments, diaper service, and emergency medical care for eight hours, six days a week at \$1.25 a day. The mothers as they come on duty

each morning bring the prepared formulas and daily schedules with the infants. To date, the babies range in age from 2 months to 18 months.

The nursery opened Sept. 1, 1948, with an enrollment of four which has increased to eleven. This increase necessitated the addition of a nurse's aide to the staff and another room in which to segregate the smaller babies. Although there may be changes in the present arrangement, facilities for expansion will be made available as soon as the need is justified.

The hours and days the graduate nurses can work are limited by the hours and days the nursery is open. The nursery is not yet financially self-supporting, yet it is gratifying to know that each baby in the nursery means another graduate nurse on duty in the hospital.

## About People

### Administrators

**Dr. Edward M. Bernecker** resigned as New York's commissioner of hospitals December 31 to become director of hospital services for New York University-Bellevue Medical Center. Dr. Bernecker entered the city's service in 1915 as an intern in Metropolitan Hospital on Welfare Island, where he later became resident physician. In 1927 he was named deputy medical superintendent and, in 1936, medical superintendent of Kings County Hospital in Brooklyn. The following year he was appointed general medical superintendent of the hospital department.



**Donald S. Jackson**, superintendent of Brightlook Hospital, St. Johnsbury, Vt., has resigned.

**George A. Hay**, former business manager of the Hospital of the Woman's Medical College of Philadelphia, has been named administrator of that institution. He is also president of the Philadelphia Hospital Association.

**Dr. Marshall F. Shields** has replaced the late **Dr. Joseph Scattergood** as director of Darlington Sanitarium, West Chester, Pa.

**Paul E. Loubris**, formerly assistant director of Germantown Hospital and Dispensary, Philadelphia, became assistant director of Lankenau Hospital, Philadelphia, on January 1.

**Dr. W. T. Sherman Thorndike** is the new managing director of Germantown Dispensary and Hospital, Philadelphia, succeeding **Dr. Donald C. Smelzer**. Dr. Thorndike was formerly connected with Massachusetts General Hospital, Boston.

**Victor E. Costanzo** has been appointed associate administrator of St. Anthony's Hospital, St. Louis. Mr. Costanzo received his master's degree in hospital administration from Washington University and holds a faculty appointment as instructor in the department of hospital administration at St.

Louis University. He completed his year's internship at Grace-New Haven Community Hospital, New Haven, Conn., last June.

**Donald M. Rosenberger**, former administrator of Hamot Hospital, Erie, Pa., has been appointed administrator of Maine General Hospital, Portland, effective January 15, to succeed **Dr. Stephen S. Brown**, whose resignation was announced in the December issue of *The Modern Hospital*. **Maj. Gen. John Mitchell Willis** succeeds Mr. Rosenberger at Hamot.

**Elmer W. Paul**, who received his master's degree in hospital administration from Northwestern University in 1946, has been appointed administrator of Flower Hospital, Toledo, Ohio. Mr. Paul was the first student to receive the Malcolm T. MacEachern medal.

**Taylor O. Braswell** will become administrator of Pike County Hospital, Louisiana, Mo., when he completes his internship this month with the W. K. Kellogg Foundation.

**Nicholas J. Cafaro** has been appointed administrative assistant and personnel director of St. John's Episcopal Hospital, Brooklyn, N.Y. Mr. Cafaro has been connected with St. John's since his release from the army in 1946 and has been acting personnel director for several months.

**Armour H. Evans** has been elected superintendent of Wesley Hospital and Nurse Training School, Wichita, Kan. A graduate of Southwestern College in 1929, Mr. Evans received his doctor of theology degree in 1934 from the Iliff School of Theology. He served his pastorates in the Wichita area until 1942, when he became a chaplain in the army. Upon separation from the armed services in January 1946, he entered Northwestern School of Hospital Administration and served his year's internship at Wesley Hospital. He received his master's degree in hospital administration last June.



**Sister Mary Florina**, formerly administrator and Superior of St. Francis Hospital, Evanston, Ill., has taken up her new duties at St. Elizabeth's Hospital, Lafayette, Ind. **Sister M. Wilberta**, for the last seven years supervisor of departments at the Lafayette hospital, succeeds Sister Mary Florina at St. Francis.

**Allen W. Houghton** has accepted the position of business manager of Alexandria Hospital, Alexandria, Va. During the war, Mr. Houghton served with the American Red Cross and later became a deputy director of U.N.R.R.A.

**Dr. Herbert T. Wagner** has been appointed medical director of the new Utah State Hospital for Poliomyelitis and Other Crippling Children's Diseases, to be constructed on the University of Utah campus, Salt Lake City.



Until the new hospital is completed, Dr. Wagner will supervise activities at the temporary service hospital at Fort Douglas. Dr. Wagner was program director of the Division of Hospital Facilities, U.S.P.H.S., in Denver.

**Guy M. Hanner**, assistant superintendent of Good Samaritan Hospital, Phoenix, Ariz., for the last three years, has been elected administrator to succeed **J. O. Sexson**. Mr. Sexson, who concluded his twenty-fifth year as superintendent of the hospital, is now president of the board of directors.

**Whitelaw H. Hunt** has been named acting administrator of Cooper Hospital, Camden, N.J. **Thomas Carden**, administrator of the hospital, has been inactive because of a serious heart attack.

**Donna Galin** has been named superintendent of Rochelle Hospital, Rochelle, Ill., to succeed **Hulda Gunther**. Miss Gunther has accepted a position on the faculty at Blessing Hospital School of Nursing, Quincy, Ill.

**Brother Alexius Kuhn** is the new rector of Alexian Brothers Hospital, Chicago. He replaces **Brother Charles Jes-**  
(Continued on Page 166.)

# EXPENDABLE

These photographs are from a new stripfilm on I. V. procedure, prepared by Cutter for use in hospital training programs. For a print, write Cutter Laboratories, Berkeley, Calif.



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## These Designing Women

ETTA L. WANGER

Member, Women's Society, Memorial Hospital Center, New York City

THE Women's Society of Memorial Hospital Center for Cancer and Allied Diseases in this last year rang up a total of \$192,000 in cash for the Center; the year before (the year of its inception) the society accounted for \$125,000, and the year before that, when it was a group of willing women called in by the hospital to assist in fund raising, it netted more than \$1,000,000. Plus the cold cash, these women are responsible for gifts of television sets, pianos, considerable redecoration of the hospital, and higher patient-morale.

How did the women accomplish all this? To begin with, they are endowed with that most devastatingly effective of all women's diseases, "the gimmies." Highly organized, they are reinforced with a strong leader, a constitution and by-laws, a place on the hospital's board of managers, and a deep-rooted conviction concerning the cancer cause. Armed with these assets, it is relatively simple for them to persuade their victims to put their hands in their pockets and take out a donation.

### THE BOARD WAS IMPRESSED

When the hospital put on a special fund raising drive in 1945-46, the administration enlisted the aid of women—wives and friends of hospital members and hospital friends. These in turn enlisted the aid of their friends. By the time the drive was successfully concluded, the women, having acquired wider knowledge of the cancer problem and anxious to be of even further help, moved to make a women's group a continuing part of the hospital family. The board of managers, impressed with their performance (that million dollar one), passed a resolution recommending the establishment of a permanent women's

organization under the leadership of the chairman for the women's division in the fund drive.

The organizational procedure was this: the new chairman and two associates selected a group of women to survey the needs of the hospital and to make recommendations regarding the setting up of such an association. These founders on the fourth of June 1946 elected their officers and accepted a constitution and by-laws. With this action the Women's Society of Memorial Hospital Center came into being.

The direction of the society is in the hands of an administrative board. The business of the board is conducted by an executive committee, composed of the officers and standing committee chairmen. Standing committees, dictated by the needs of the hospital and, needless to say, working in close cooperation with the various hospital

departments, include: education, personnel, fund raising, publications and publicity, service, house, finance, membership and constitution and by-laws.

Chairmen of these committees are appointed annually by the chairman of the society. The officers are rotated every two years, the term for board membership is three years with reelection possible. Officers remain on the board for one year after their term of office.

### THREE MAJOR GOALS

The objectives of the society are: to serve all departments in Memorial Hospital Center by creative and promotional work; to disseminate such information as may be provided by Memorial Hospital Center on cancer; to stimulate the support of Memorial's program of prevention, care, treatment and research in cancer, and the education of doctors as specialists in the field of cancer and allied diseases.

Perhaps the best method of elaborating on these objectives of the women's society is with a breakdown citing examples of activities as executed by the standing committees. Other hospitals may benefit thereby and be inspired to institute like organizations.

**Creative Work:** The society developed a Project Book in which the urgent needs of the hospital are assembled in a clear cut catalog-like presentation, noting costs. Donors are thus able to see where their money goes, pick and choose specific items. One of the needs met was a \$12,000 x-ray machine.

The children's ward, which was formerly decorated in typical hospital style, was, through the offices of the society, decorated with blown-up cartoons by famous artists. The effect of this not only was generally cheering but



On Friday afternoons the society has a children's party.



# A Single Injection Every Other Day



Antibiotic therapy is greatly simplified when C.S.C. Crystalline Procaine Penicillin G in Peanut Oil with aluminum monostearate is prescribed. A single 1 cc. injection (300,000 units) produces therapeutic blood levels for 96 hours in over 90% of patients, and for 48 hours in all patients. For certainty of therapy, this preparation need not be given, as a rule, more often than once every other day.

Crystalline Procaine Penicillin G in Peanut Oil-C.S.C. contains 300,000 units of micronized procaine penicillin per cc., together with 2% aluminum monostearate for producing a thixotropic suspension. This outstanding penicillin preparation is free flowing and requires no refrigeration. It is indicated in the treatment of most infectious diseases amenable to penicillin therapy.

Available at all pharmacies in economical 10 cc. size rubber-stoppered vials (300,000 units per cc.), and in 1 cc. size (300,000 units) glass cartridges for use in the C.S.C. Disposable and Permanent Syringes.

**96-HOUR  
CRYSTALLINE PROCAINE PENICILLIN G  
IN PEANUT OIL  
WITH 2% ALUMINUM MONOSTEARATE**

*C.S.C. Pharmaceuticals*

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION • 17 EAST 42ND STREET, NEW YORK 17, NEW YORK



Left: Famous cartoonists decorated walls of the children's ward with blown-up favorite "Funnies" characters. Right: Women's Society guide at work. Pool of fifteen guides is available for tours of the Center.

served to rouse two boys from their hospital doldrums to have a row over which one would sleep in the cubicle with Superman! Other evidences of the women's society in the children's ward: gay window curtains, nursery furniture, movies, parties for every holiday, and attractive clothing — a remarkable way to destroy clinical atmosphere.

The society, working on the theory that a considerable part of illness is boredom, moved to institute occupational and recreational therapy. As a result a hospital department of recreational therapy under a professional director was established. The society's recreational therapy committee acts in an auxiliary capacity to this department. Since it started in October 1947, 316 ward activities and forty-four shows of varied types have been given. A woman who has lain in bed for many months is finding within the hospital a market for her yarn toys. A former secretary, away from her job for a year, has a typewriter to practice on so that she can regain speed and a place in the professional world. An architect has a drawing board to help him continue his career and, incidentally, promote his recovery.

There is now a television set on every floor of the hospital. Ambulatory patients are treated occasionally to a piano concert in the auditorium. From time to time, for example, professional entertainers make the rounds with a song, a dance or a joke. Fri-

day, children's day at the clinic, spells "party" for the little patients. They are given toys to play with and goodies to eat. This program is highly approved of by the hospital because it keeps the small fry relaxed and unworried while waiting their turn.

Nor is the hospital staff overlooked. The nurses' home has been redecorated with bright chintzes and other home-like touches. The doctors, nurses, workers and their friends are given dances and other parties.

This is by no means the summation of the creative objective of the Society, but to fill out the picture we will go on to *Promotional Work*.

The *Memorial Review*, a publication which with its first issue reached an audience of 15,500, is the brain child of one of the members of the society. It was recommended by the hospital's coordinating committee to be established as a regular semiannual publication. The *Review* interprets and reports on the myriad services and activities of Memorial Center for friends and donors.

Last spring, a shares project and large cocktail party at a hotel brought into the hospital's coffer a total of \$39,776. Because it was a gay, social affair many new people were introduced to the work and purpose of Memorial Center — and many new friends were made.

Fund raising at Memorial is a year-round need in which these designing women participate in cooperation with

the hospital's regular fund raising department. The only breaks the women allow themselves in their constant efforts to help support the Center are the months of the year when the United Hospital Fund and the American Cancer Society Campaign take over.

The second objective of the women's society, to disseminate information on cancer and developments in the cancer field at Memorial Center, is carried out by an extensive and enveloping *Educational Program*. Last year, the society organized and conducted a symposium at the request of the New York City Cancer Committee, Women's Division, in anticipation of its annual campaign. The purpose was to indoctrinate these workers with additional background knowledge of the cancer problem.

A series of lectures was offered for the society members and their friends to inform them on various aspects of cancer work at the Center. This year, there will be a concerted effort to reach more and varied groups through another series of lectures based on Memorial's cancer program. Indocctrination courses are provided for volunteers and new members. A speakers' bureau is set up to supply clubs and other groups, and a special committee works on creating and developing audiences.

Another important facet of the educational program is the handling of tours by guides, all members of the society. These guides take visitors through the hospital, explaining the various functions of each department. In many instances, the visitors are doctors from distant parts of the

(Continued on Page 114.)

# Outstanding

## IN TOPICAL ANTIBIOTIC THERAPY

**LOW INDEX OF ALLERGENICITY**—Bacitracin is outstanding in that its application topically is only rarely complicated by allergic manifestations. It therefore possesses a distinct advantage over many other antibiotics, freeing topical antibiotic therapy from this formerly serious limitation.

**WIDE RANGE OF EFFECTIVENESS**—While its spectrum of action largely parallels that of penicillin, Bacitracin is destructive to many strains of pathogens which are penicillin-fast. Thus it broadens the scope of antibiotic therapy and enhances its therapeutic efficacy.

**PROMPT ACTION**—Injected in solution into the base of pyogenic lesions, or applied topically in the form of an ointment, Bacitracin acts promptly upon the bacterial invasion. Response is apparent in most cases within a short period.

**INDICATIONS**—Bacitracin, topically administered, is indicated in the treatment of many deep pyogenic lesions of the skin, superficial cutaneous pyogenic lesions, and many external ocular infections due to Bacitracin-sensitive organisms. Bacitracin is administered topically only.

Bacitracin, in dry form for making solutions, is supplied in 20 cc. serum-type vials containing 2,000 and 10,000 units, and in 50 cc. vials containing 50,000 units. Also available as Bacitracin Ophthalmic Ointment in  $\frac{1}{8}$  ounce tubes and as Bacitracin Ointment in  $\frac{1}{2}$  ounce tubes, both containing 500 units per Gm. Literature available to physicians on request.

# BACITRACIN

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## VISITING STAFF

### Comes to the Aid of Boston State Hospital

WALTER E. BARTON, M.D.

Superintendent  
Boston State Hospital, Boston

THE shortage of physicians in public psychiatric institutions, particularly the state mental hospitals, is well known. How one state mental hospital solved this problem is presented as a possible aid to hospitals elsewhere with similar problems. Physicians in practice in the community were recruited to assist in the work of this hospital.<sup>1</sup>

In 1943, the ratio of physicians and hospital superintendents in the various state hospitals was 5.6 to 1000 patients. This represented a slight decrease over the number available in 1942. Shortages in medical staffs were extreme everywhere. Standards were far short of those suggested by the American Psychiatric Association for psychiatric hospitals.<sup>2</sup>

A survey made by the committee on hospitals of the Group for Advancement of Psychiatry confirmed this shortage of doctors. It revealed that in one area the doctor-patient ratio was but one doctor to 500 patients. In a few areas, unlicensed physicians and retired general practitioners were being used to offset the shortage.<sup>3</sup>

Boston State Hospital in 1946 had a similar shortage of physicians to meet the needs for medical care of

its 3000 patients in residence and 1300 annual admissions. It has been difficult to attract doctors to institutional work at the salary rates offered. Little attempt has been made up to now to enlist the help of medical men in the adjacent communities. Few will deny that the state hospital, with its "living-in arrangements" and its traditional commitment methods, has isolated itself from general medical practice in the community. Most practicing physicians have little, if any, contact with the mental hospital. Usually the doctor who refers his patient for care in the state hospital completely delegates further responsibility.

Boston State Hospital, located in a large city, had the advantage of being close to a source of supply of doctors. It seemed logical to turn to this source for medical aid. The various kinds of jobs that could be done by physicians in practice in the community that were then being done by staff physicians were analyzed. If we could get physicians in the community to help, we reasoned that our psychiatrists would have more time for intensive work in the therapy of mental disorders. This was a job they were better fitted to do and enjoyed doing if they only had the time.

It was agreed that all annual health inventories of patients could be done by physicians in practice in the community. This consisted of an annual progress note covering the mental state and also an annual physical examination. The local district medical society was asked to help find doctors who would be interested. A notice was inserted in its bulletin stating

that a fee of \$2 would be paid for each mental or physical examination made. The hospital was deluged with offers of assistance.

A group of ten physicians, all in practice in the community, was selected. These physicians came to the hospital one-half day a week. Each one examined about eight patients at each visit. Doctors with psychiatric hospital experience were selected to do the mental examinations. Psychiatric training, although desirable, was not an essential requirement.

The physical examinations done by contract physicians were far superior to any that had been made by staff physicians in recent years. Their recommendations for further study and treatment of the medical disorders discovered led to the establishment of a series of medical clinics at the hospital. Specialists in community practice were obtained to operate this service.

A medical clinic was established on a scheduled morning every week, as were a surgical clinic, a genito-urinary clinic, a clinic for the diagnosis and treatment of tuberculosis, and one for physical medicine; as minor foot ailments were prevalent, a chiropodist was assigned to hold six clinics per month. The eye clinic was needed twice a month; the reading of x-ray plates and requests for special examinations demanded the attention of the radiologist twice a week. A skin clinic and an ear clinic were held once a month.

The report of the annual physical examinations, with its recommendations for treatment or study, was sent to the resident senior psychiatrist in charge of the service on which the patient resided. He routed the patients to one of the specialty clinics for additional survey and study, if that was indicated. A series of treatment rooms was established in the various ward buildings where medications and minor ailments could be treated at a stated hour, in the manner of the army's "sick call."

Two twenty-five bed wards, one for men and one for women patients, were then established. These wards constituted an "inpatient" service for the visiting staff. The management of the wards was assigned as the responsibility of a designated chief of

<sup>1</sup>Encouragement and financial support for this project was the result of the efforts of Dr. C. T. Perkins, commissioner, Department of Mental Health, Boston.

<sup>2</sup>"Standards for Psychiatric Hospitals and Outpatient Clinics," approved by the American Psychiatric Association, 1945-1946. Reprinted from the American Journal of Psychiatry for September 1945. Taking some liberty with the standards as printed, they call for one psychiatrist for every 200 resident patients, plus one psychiatrist for every 100 annual admissions.

<sup>3</sup>Group for Advancement of Psychiatry's Report No. 5, entitled, "Public Psychiatric Hospitals," April 1948, obtainable from 5617 West Sixth Street, Topeka, Kan.



**NOW AVAILABLE**

*The dihydro  
form of  
streptomycin*

## **Dihydrostreptomycin Squibb**

PERMITS HIGHER DOSAGE FOR MORE PROLONGED PERIODS

**WHAT IS IT?**

A potent antibiotic compound derived from streptomycin by reduction with hydrogen.

**WHEN IS IT  
INDICATED?**

Like streptomycin, as an adjunct to other measures in tuberculosis.

**HOW DOES  
IT ACT?**

The antibacterial activity of Dihydrostreptomycin usually parallels that of streptomycin in tuberculosis. Resistant strains of organisms appear to develop as rapidly as with streptomycin.

**WHAT ARE ITS  
ADVANTAGES?**

Dihydrostreptomycin is significantly less neurotoxic than streptomycin and hence can be given in larger doses and for more prolonged periods. In addition, patients showing allergic reactions to streptomycin have been able to continue with the dihydro form.

**HOW IS IT  
ADMINISTERED?**

Only intramuscularly, pending further clinical studies.

**WHAT IS THE  
DOSAGE?**

Daily doses of 2 grams of Dihydrostreptomycin Squibb may be given safely for periods equal to those in which streptomycin has been restricted to 1 gram a day, provided there is no renal dysfunction. Average dosage—1 to 2 grams daily in divided doses every 12 hours.

**HOW SUPPLIED?**

20 cc. vials containing the equivalent of 1 Gm. streptomycin base  
50 cc. vials containing the equivalent of 5 Gm. streptomycin base

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**SQUIBB** *a leader in antibiotic research and manufacture*



medicine and chief of surgery, who were both practicing physicians in the community. A stated number of beds for medicine, for surgery, for orthopedics, for neurosurgery, and the various specialties was established in the manner of a general hospital within this unit in order that any visiting staff physicians seeing patients in a specialty clinic might refer for hospital care those patients who required additional study or surgical or medical treatment.

A resident was assigned to this service to give twenty-four hour coverage under the direction of the visiting staff. This organization gave complete diagnostic and therapeutic coverage to the somatic medical needs of our patient population. Annual mental surveys made by outside physicians soon brought to attention many patients who were ready for visits or additional psychiatric treatment, or who were in need of changes in management. Reports of examination were routed through the desk of the senior physician on the service on which the patient resided.

#### STAFF CONFERENCES IMPROVED

Much valuable staff physicians' time in the past had been lost in staff conferences to which each patient's problem had been channeled for disposition when there was thought of the patient's returning to the community. The pressure of a great mass of cases awaiting consideration created a bottleneck that wasted patients' and doctors' time. It was possible to employ psychiatrists practicing in the community who were diplomates of the American Board of Psychiatry and who were competent to make the decisions required.

These visiting men were placed in charge of the staff conferences, which were attended only by the physician whose patient was to be presented for action and the senior on the service on which the patient resided. This relieved other physicians of the tedium of handling the many cases that required processing in the hospital. It also speeded up the disposition.

Other practicing psychiatrists were found to supervise psychotherapy done by inexperienced younger staff members as our program of intensive treatment of patients expanded. We added a psychiatrist to manage an outpatient clinic which served our patients on convalescent status in the community who required follow-up

treatment and who in the past had been getting only perfunctory attention.

Another drain on staff psychiatrists' time in the past had been the management of employees' health problems. This, too, seemed a logical procedure to delegate to visiting staff members, and accordingly a man in practice in the community was found to hold employees' clinics. Outside of emergencies, all employees' health problems, examinations, checks of inoculation, and food handlers were referred to this visiting staff member for management.

It can readily be seen that there was established an orderly process for the management of patients' physical ailments, as well as a means for more intensive care and treatment of the mental disorders of patients. Our employees also profited by an improved quality of medical care.

Instead of allowing the accrued time of our staff psychiatrists to be utilized in improved management of day by day routine matters, all of our resident doctors were required to carry at least one patient for intensive individual psychotherapy and at least one unit of from ten to fifteen patients for group psychotherapy.

As a direct result of this intensive visiting staff program, medical treatment for patients has improved enormously. Our twenty-three staff physicians, who were previously caring for 3000 patients and the 1300 admissions alone, now are assisted by thirty-one visiting staff members.

Three electric shock units each treat from fifteen to twenty patients a day. An insulin shock unit serves six patients per day. Insulin sub-shock is available to an additional number of patients. Lobotomies are performed once each week as are three major surgical operations. Improved care is available in orthopedic and tuberculous cases and for other disorders as well.

The use of visiting doctors has greatly improved medical care and, needless to say, has resulted in improved morale and interest in our staff physicians, as they have been able to devote an increasing amount of their time to psychiatric treatments which are their prime interest.

Without a visiting staff program, only newly admitted cases had been processed. There was no time for intensive psychotherapy or for much in the way of adjunctive psychiatric treat-

ment. Annual health inventories, both mental and physical, had been in arrears or perfunctorily performed. Tuberculous patients had been poorly treated and only emergency surgery was done. Previously, consultants were available but were only used when surgical or medical emergencies arose which our own staff could not handle. The state hospital, with its poor standards of medical diagnosis and treatment, revealed many textbook oddities of advanced undiagnosed medical conditions.

The visiting staff system brought many improvements. It placed responsibility on a group of visiting men, delegating to staff physicians the coordinating and referring of cases into proper channels, allowing staff men to devote their principal energy to the psychiatric care and treatment of mental patients. This used the psychiatrist for the job he could do best. It allowed time to train residents more thoroughly in psychiatric techniques; it greatly increased the interest of staff physicians and they gave more and better psychiatric treatment.

Physicians, patients and relatives have profited, we believe, from this approach to the shortage of physicians.

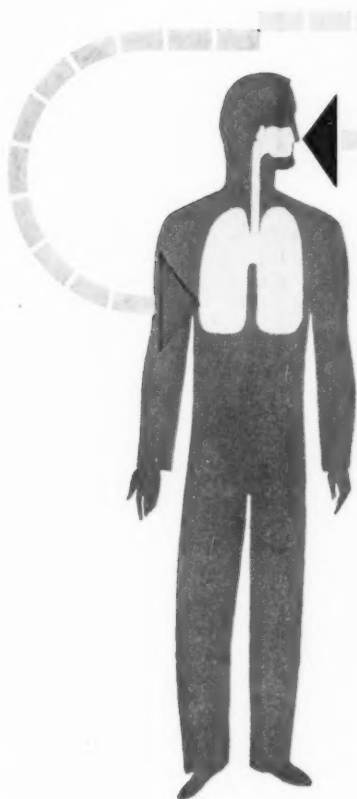
#### GOOD COMMUNITY RELATIONS

An additional feature, which we had not originally foreseen, has been the increasing awareness of physicians in the community of the problems of the mentally ill. The good word carried to their brother doctors about the improved care and treatment of patients in the mental hospital has been of real value. Inasmuch as the reputation of any hospital is, after all, in the hands of the family doctor who describes the hospital to the family and to the patient, this has been of great value in improved public relations.

Another outgrowth of the visiting staff program was the organization of a medical executive committee to decide matters of medical policy. It soon became apparent that special problems resulted from the increased medical activity. Here, again, we followed the pattern of the general hospital and elected members of both the resident and the visiting staffs to membership on this committee.

The medical executive committee appointed subcommittees to improve the operation and coverage of the laboratory, x-ray department, pharmacy, operating room, and other treat-

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The antispasmodic and decongestant action of **BENYLIN EXPECTORANT** combats cough, relaxes the bronchial tree, diminishes bronchial congestion and alleviates nasal stuffiness, sneezing and lacrimation. Containing no narcotics, **BENYLIN EXPECTORANT** combines Benadryl® hydrochloride, 10 mg. per teaspoonful, with other remedial agents for safe, effective control of coughs due to colds as well as those of allergic origin.

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promotes liquefaction and removal of mucous secretions from the respiratory tract. The demulcent action of its vehicle soothes irritated mucosa. Acceptable alike to children and adults, its pleasant, mildly tart taste avoids the objections to cloying, overly-sweet preparations.

**DOSAGE:** One or two teaspoonfuls every two to three hours, as soon as possible following appearance of symptoms. Children,  $\frac{1}{2}$  to one teaspoonful every three hours.

**BENYLIN EXPECTORANT** contains in each fluid ounce:

Benadryl Hydrochloride (diphenhydramine hydrochloride, P. D. & Co.)	80 mg.
Ammonium Chloride	12 gr.
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Chloroform	2 gr.
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ment facilities, for all soon became inadequate to meet the accelerated demands placed upon them by the more thoroughgoing approach of the visiting staff man. This resulted in an overall improved efficiency in all of the various departments. It has, indeed, been gratifying to see the enthusiasm of the physician in practice

in the community when given an opportunity to build something really worth while in the way of a medical program such as is outlined here.

The cost of this program to us has not been great. It has been \$50,000 a year. Physicians are paid \$25 for clinical sessions, consisting of one day or any major fraction thereof.

Individual consultations are paid for at the rate of \$10 for each case, but not to exceed \$25 for any one day of consultation service. The top fee for a major operation was set at \$50, with the local Blue Shield scale the basis for the payment of other medical and surgical fees that fall under the \$50 top.

## Control of Epidemic Diarrhea

(Continued From Page 48.)

be provided in the patients' rooms for the accommodation of visitors' outer clothing.

Every nursery for the newborn shall be in charge of a competent physician, who shall be responsible for its conduct and technic. In order to have proper technic established and maintained constantly by the entire personnel, it is necessary to have the control of the nursery in the hands of a competent physician.

The entire personnel shall be trained to recognize quickly the danger signs occurring in the newborn. When an emergency arises, the physician in charge of the case shall be called at once.

If student nurses are employed in the nursery, they should have had an instruction and demonstration course in the care of the newborn, with particular emphasis upon the early symptoms of disorders in the newborn. The graduate nurses shall have had special training in this field. A total of six months of pediatric training is desirable. Responsibility for calling the attention of the attending man to emergencies in the nursery shall rest with the resident physician, intern on nursery service, or supervising nurse.

The clothing, linen and utensils for each infant shall be considered clean for that infant but contaminated for every other infant. Under no conditions should the clothing, linens or utensils used for one infant be employed for another infant until such materials have been properly sterilized. All attendants in an infant ward should have constantly the state of mind toward all possible contagion that the surgeon has toward a flaw in aseptic technic. Aseptic technic is only as strong as the weakest link in the human chain practicing it. One

careless person can undo in a few moments the work of many careful ones.

Each infant shall have an individual thermometer stored in an antiseptic solution. A common thermometer might serve as a means for transmitting infection from one infant to another. The thermometer container for each infant should be carefully labeled with his name or number. The thermometer shall be kept in an individual container of 70 per cent alcohol solution, or a solution equally safe and effective.

The thermometers, after each use, should be thoroughly washed with soap and water before being put into the antiseptic solution. After removal from the antiseptic solution, and before the thermometer is used for the infant, it should be rinsed in water.

The spacing between adjacent bassinets in all nurseries and isolation facilities shall be maintained at a minimal distance of 6 inches on all sides. The bassinets shall be so arranged that the infant is at least six inches below the upper surface.

The suspension of bassinets on hooks against walls and on double-tier racks shall be prohibited. The cubicle system is preferred. In this system, each infant is kept in a bassinet in an assigned cubicle, and everything in the cubicle is clean for the assigned occupant.

Physicians and nurses assigned to the nursery shall wash their hands with soap and hot water immediately before handling or feeding any infant. Their fingers shall not touch anything that goes into the infant's mouth or nose. The hands shall also be washed immediately after using a handkerchief or after touching the face mask, or being contaminated in any other manner.

The physician shall scrub his hands thoroughly before entering the nursery and shall wash his hands thoroughly each time before he examines or handles a mother or infant. The nurse should wash her hands: (1) upon entering nursery; (2) before putting on cap and gown; (3) after handling infant, crib or bedding; (4) after changing diaper; (5) before taking the infant to mother; (6) before returning infant to nursery (when taking infants to and from mothers to nurse, the hands should be washed between handling of infants); (7) after using handkerchief or adjusting mask; (8) after cleaning or dusting nursery, or handling articles such as window shades; (9) before feeding any infant; (10) after giving fluid to one infant and before giving fluid to another; (11) after bathing one infant and before bathing another; (12) before any treatments are given.

Even though a nurse carefully washes her hands after diapering any infant, there is still a chance of contamination. For this reason, it would be better if the nurse who diapers the infants would have nothing to do with infant feedings. However, if the nurse who does the diapering also feeds the infants, she should finish their diapering first. After completing the diapering and before starting the feedings, she should scrub her hands thoroughly.

The use of common dressing, bathing or diapering tables may be permitted, provided these are redraped with sterilized linen or paper sheeting for each baby. (It is well to bear in mind that there is less danger of a break in the technic if infants are diapered in their bassinets.)

This is the first of two articles by Dr. Bundesen. The second article, dealing with regulations governing physical facilities, feeding, formula rooms and isolation technic will appear next month.—ED.



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**site of sinus infection**

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## Seven Steps Toward the Goal:

### Improving Hospital Pharmacy

THROUGH the development of standardization and through more efficient methods of operation, the hospital pharmacy offers many opportunities to achieve economies and at the same time to provide better pharmacy service. Among the immediate objectives for hospital pharmacies everywhere, these might be listed today:

1. Higher standards of training for hospital pharmacists.

2. Improving the professional level of the pharmacists in the hospital organization and bringing about a realization on the part of staff doctors and hospital administrators that the pharmacist deserves a leading rôle in the drug therapy program of the hospital.

3. Better physical provisions and higher equipment standards for hospital pharmacies.

4. Cooperation with physicians and pharmaceutical concerns to provide clinical research facilities for new developments in drug therapy.

The following recent observation by Robert P. Fischelis, secretary of the American Pharmaceutical Association, is of interest:

"I think that it would be very helpful if we could stress the fact that hospital pharmacists must be people of more than ordinary training in pharmacy if they are to be of the greatest usefulness to hospital organizations. The pharmacist who conducted a retail store and then retires and takes on a hospital pharmacist assignment merely to keep himself occupied is a relic of a past period. The modern hospital pharmacist is one who has had training beyond that of the ordinary retail pharmacy, and if he is really on the job he has taken

extra courses in a pharmacy college and has arranged for opportunities to visit hospitals and attend hospital staff meetings so as to learn what the requirements of particular institutions may be.

"Any encouragement that is given to the improvement of the pharmacy situation will be reflected in savings and better service for the entire institution."\*

In recent months, I have consulted on hospital pharmacy problems with twenty-five or thirty leading hospital administrators, pharmacists and pharmacologists, as well as regional sales managers of several of the well known pharmaceutical concerns. One well known authority in the field of pharmacology and biochemistry said "Take barbiturates as an example. Why should a hospital have to stock the fifty or sixty kinds called for by staff doctors when only three types (slow, medium and fast acting) are needed in even the largest hospital?"

"Pharmacists are taught to fill prescriptions and not to question their merits," Dr. M. S. Dooley, head of the department of pharmacology, School of Medicine, Syracuse University, stated recently. "Substitutions are unethical for a pharmacist. Someone from the nursing staff is often delegated to act as pharmacist and can also question no item requested. Obviously such a system is without checks on the impulses of staffs to order expensive items skillfully advertised and detailed to them. Staff pharmacy committees are notably perfunctory in matters of scope of drugs or costs.

"Among other things, our formulary is notable for its small number of drugs, its near freedom from proprietary and trade-marked names, and the absence of duplications or near duplications. This last is important as anyone visiting the average hospital or commercial pharmacy knows.

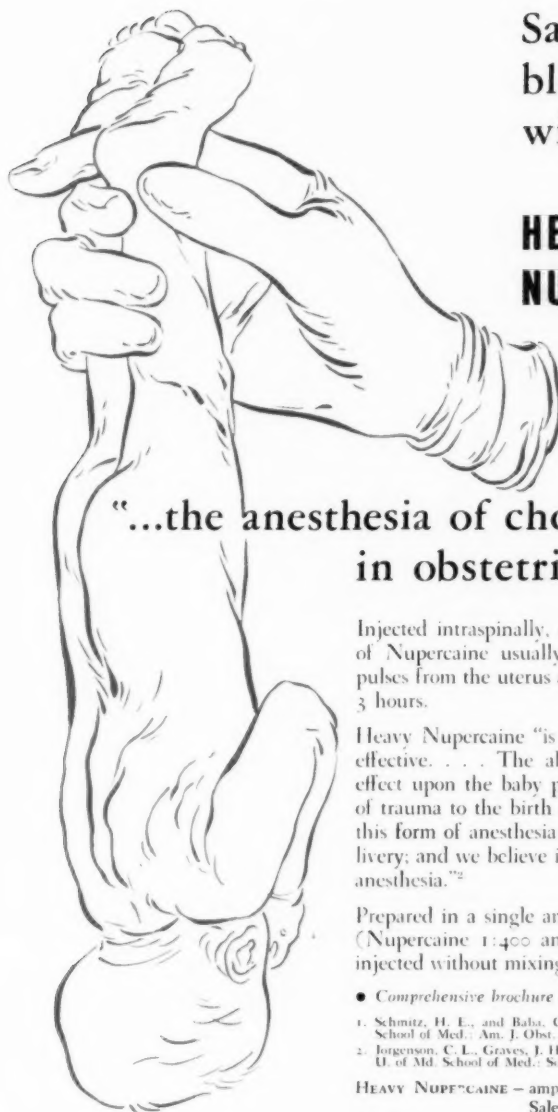
"Some hospitals about the country have begun this kind of work. It will be noted that the New York Hospital saved \$50,000 on its drug bill in one year. The N.Y.U.-Bellevue division has a fine approach to this problem. In my city the 'spade work' done in our University Hospital is being utilized in the city and county welfare department. A committee, of which the pharmacist and I are members, is now editing a formulary for use of city and county physicians

\*Letter to the author.

Table of Comparative Drug Costs

	Totals	Per Patient Day
600 BED 56 BASSINET UNIVERSITY TEACHING HOSPITAL IN THE EAST		
Patient days exclusive of newborn infants . . . . .	186,558	
Drugs purchased . . . . .	\$20,448	\$0.107
Prescriptions filled . . . . .	24,800	.133
150 BED GENERAL HOSPITAL IN A MIDWESTERN STATE		
Patient days exclusive of newborn . . . . .	41,387	
Drugs purchased . . . . .	\$10,256	.248
Prescriptions filled . . . . .	7,694	.186
620 BED GENERAL HOSPITAL IN THE MIDDLEWEST		
Patient days exclusive of newborn . . . . .	177,108	
Drugs purchased . . . . .	\$27,440	.155
Prescriptions filled . . . . .	62,400	.186
300 BED GENERAL HOSPITAL IN THE MIDDLEWEST		
Patient days exclusive of newborn . . . . .	79,441	
Drugs purchased . . . . .	\$12,050	.151
Prescriptions filled . . . . .	22,000	.276





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in obstetrics"<sup>1</sup>

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Heavy Nupercaine "is not only safer but more effective. . . . The absence of any untoward effect upon the baby plus the minimal amount of trauma to the birth canal should recommend this form of anesthesia for vaginal operative delivery; and we believe it preferable to inhalation anesthesia."<sup>2</sup>

Prepared in a single ampul, Heavy Nupercaine (Nupercaine 1:400 and 5% dextrose) may be injected without mixing and without dilution.

• Comprehensive brochure and bibliography on request.

1. Schmitz, H. E., and Balot, G., Lewis Meml. Hosp., Loyola U. School of Med.; Am. J. Obst. & Gynec., Nov., 1947.
2. Jorgenson, C. L., Graves, J. H., and Savage, J. E., Dept. of Obst., U. of Md. School of Med.; Southern Med. J., Sept., 1948.

HEAVY NUPERCINE—ampuls of 2 cc. in cartons of 10.  
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NUPERCAINE (brand of dibucaine)—T. M. Reg. U. S. Pat. Off.

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attending welfare cases. When finished, it is intended for use in the other large hospitals of the city and is expected to have the endorsement of the College of Medicine of Syracuse University, the Syracuse Academy of Medicine, and the Onondaga County Medical Society. This is the way to encourage better use of drugs and reduce costs."

Those hospitals in which, through the interested, intelligent and whole-hearted cooperation of an active pharmacy committee of the staff, standard simplified formularies have

been established are convinced that the drug therapy has been improved and costs have been reduced. The accompanying table of comparisons will indicate the facts.

Only one of these hospitals, namely, the large teaching institution in the East, has a standard hospital formulary within which the doctors prescribe.

Certainly, no hospital worthy of the name will want to buy pharmaceutical products on price alone. As one well known and experienced hospital pharmacist said, "I can't overempha-

size the importance and great value of the research, development and educational work being done by reputable well known houses; hospitals should not buy on price alone and should keep away from borderline concerns. However, we should not use higher priced proprietaries unless there is no lower priced U.S.P. equivalent available."

Another man said, "I wish there was not so much duplication of identical items under many different trade names. We stock far too many items in our pharmacy. A well organized and functioning pharmacy committee could, by developing a real hospital formulary, cut out 60 per cent of the items we carry in stock."

By and large, the hospital pharmacists stressed:

1. The need for further education of staff physicians in the economics of drug buying and use.

2. Further education of hospital administrators on the problems of hospital pharmacies.

3. Appreciation of the value of the educational advertising used by pharmaceutical concerns.

4. Need for pharmacy internships in hospitals.

5. Establishment of a pharmacy committee of the attending staff to work with the hospital administrator and pharmacists.

6. Development of standard hospital formulary to fit the needs of individual hospitals. (We must, however, be careful not to make the formulary so hidebound that new and therapeutically valuable products cannot be admitted easily and with a minimum of red tape.)

7. Provision of needed checks on indiscriminate ordering of drugs by individual staff doctors.

The regional sales managers all recognize the growing importance of hospitals, particularly our voluntary nonprofit institutions, in the health program of our nation. They realize that hospital administrators, through improved training and educational methods, will play an increasingly important rôle in the professional and executive functions of their hospitals. Higher grade hospital management will be responsive to the public demand for the highest grade hospital care at the lowest possible cost. Every department in the hospital will receive increasingly critical study. The hospital pharmacy will be no exception.—E. W. JONES.



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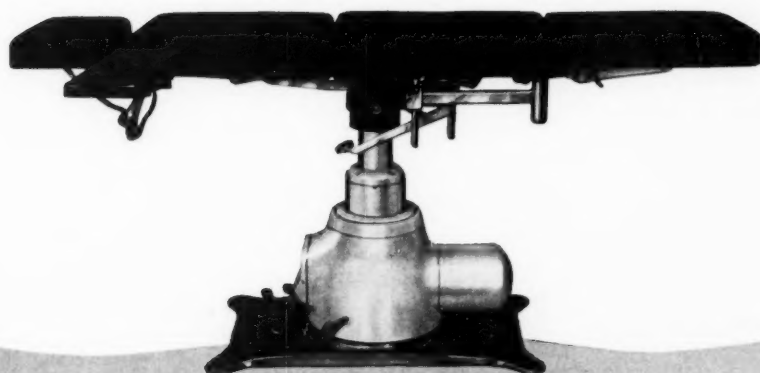
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**MOTOR ELEVATED MULTI-PURPOSE TABLE**  
*for ALL EXAMINATIONS and TREATMENTS*  
*Extremely High and Low Positions*

- Developed after extensive research and consultation with leading members of medical profession.
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Your surgical dealer will be glad to explain the many other important features. Ask him for descriptive booklet on the new Ritter Motor Elevated Table.



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## CLINICAL BRIEFS

Conducted by E. M. Bluestone, M.D.

### Modern Anticoagulant Therapy

Postoperative or postpartum thrombophlebitis and its frequent sequelae of pulmonary embolism, peripheral ulcerations, edema of legs, pain and eczema have in the past been greatly feared by surgeons everywhere. The

incidence and seriousness of these complications, as pointed out by J. Erik Jorpes, M.D., of the Caroline Institute, Stockholm, Sweden, and Dr. E. V. Allan and associates of the Mayo Clinic in articles appearing in the September issue of the *Annals of Internal Medicine*, based upon six-year studies, have been greatly decreased since the prophylactic and therapeutic use of the two modern anticoagulants, heparin and dicumerol. These drugs differ in their chemistry and mode of action and are used separately or in combination depend-

ing upon the particular purpose and ends desired. Heparin can be used in the absence of extensive laboratory facilities and well trained personnel. Dicumerol cannot.

Extensive case studies by Crawford in Sweden and Murray in Canada have shown that thrombosis can be prevented with heparin if given postoperatively in sufficiently large amounts. Practically no embolic complications ensue, although without treatment a frequency of 2 to 4 per cent could be expected. Similar good results are reported with dicumerol on 1000 patients treated prophylactically at the Mayo Clinic and 1500 cases at the Caroline Institute in Sweden.

Extensive literature has appeared in the past few years and the therapy is generally routine throughout Sweden and in most large hospitals in the United States. However, there are still many institutions in which the therapy is not in use. Dr. Jorpes' figures concerning the average duration of stay in a hospital bed in all treated and untreated cases of thrombosis are highly illuminating for in the latter group the average stay was forty days whereas in the former group the average stay was only 4.6 days. These figures are based upon a ten-year study involving some 50,000 patients with an incidence of thrombotic complications of between 1 and 2 per cent. It is of great importance also that in the untreated group forty-two deaths occurred in 161 cases of pulmonary embolism, whereas in the treated group, only one death in 153 cases. Similar statistical results are reported by the Mayo group and by the Canadian group.

There are certain dangers and contraindications to the use of both heparin and dicumerol but once these are observed their use can be routine. The demonstrated savings in hospital time and the prevention of death and disabling complications warrant the full application of anticoagulant therapy in all surgical and postpartum cases where no contraindications exist.

So impressive have the results been with such prophylaxis and therapeutics that Dr. Jorpes feels called upon to state, "Mutatis mutandis, we have achieved equally good results as did Semmelweis exactly a century earlier in an effort to treat and prevent serious complications following childbirth or operations."—E. D. ROSENFELD, M.D.

## SEALSKIN\* ADHERENT†

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in place of tincture  
of benzoin



Sealskin is a hypo-allergenic Liquid Plastic Skin Adherent that dries to a strong yet soft elastic Cohesive film which adheres to the skin and dressings. The film is waterproof and resistant to the action of body fluids, acids, etc.

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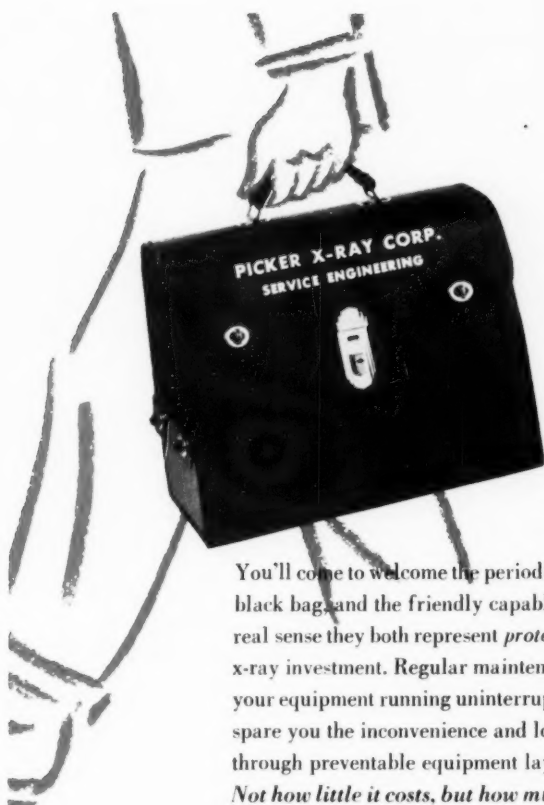
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# Food and Food Service

Conducted by Mary P. Huddleson

## St. John's Centralized Food Service:

### EXAMPLE OF EFFICIENCY and ECONOMY

**A**N EXCELLENT example of the practical economies and greater efficiency that can be effected by centralization of hospital food service is furnished by St. John's Hospital, St. Louis.

At an expenditure termed "well in excess of \$100,000," St. John's has replaced eleven small kitchens located at various points around the five-story hospital with a single central service kitchen, which incorporates all food service operations, storage, dishwashing, processing, special diets, and checking at a convenient first floor location. All of this remodeling, incidentally, which required more than a year's time, was carried out without a hitch in food service to the hospital's patients.

Functional modernization of hospital rooms, elevator service, and medical departments had far outstripped food service facilities before the various 35 year old kitchens were replaced, according to Sister M. Edwards, chief

#### BERT MERRILL

St. Louis

dietitian. Like many other hospitals with decentralized kitchen service on each floor, St. John's had encountered serious problems because food cooled before it could be served to patients. There were also considerable duplication of effort, dish breakage, and other objectionable features. Inasmuch as food was prepared in so many kitchens at a time, it was difficult to meet all requirements or to supervise the food service operation closely.

When the remodeling began, the hospital was serving an average of 56,300 meals per month, so heavy a load that frequently the upstairs kitchens were barely able to finish the dishwashing and cleaning before it was time to start on another meal. Hence, the hospital management determined

to replace the obsolete decentralized kitchen with an "automatized" all stainless metal single kitchen on the first floor, broken down into a series of food service, storage and preparation departments radiating around an "assembly line kitchen" serving each floor by means of electrical conveyors or elevators rather than the old style wheeled carts. Also, it was planned at the same time to solve the problem of food service for the 300 employees of the institution by transforming a series of old enclosed dining rooms into a modern cafeteria.

The present food service installation consists of two levels, with the main kitchen, diet kitchen, dietitian's office, and "ice cream room" on the first floor; and on a sublevel, storage rooms, walk-in refrigerators, pre-preparation rooms, garbage refrigerator, ice room, bakery and sharp freezer. The two levels are connected in two ways: (1) by a 6 by 6 foot hydraulic elevator directly from the storage room area into the kitchen



Diet kitchen with ten compartment refrigerator with varying temperatures for bland and special diets.



Electrical inset, "hot side" of 32 foot stainless metal conveyor table which ends at the dumbwaiters.

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How a touch of the exotic lifts a meal from the commonplace! For example this platter full of taste-tempters . . . tiny imported anchovies, sardines, herring, shrimp . . . the finest of domestic white meat tuna . . . delicious pink salmon. For sea foods par excellence, always choose Sexton . . . the finest of the world's catch . . . processed and packed exclusively for your table.



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### FOOD CONVEYORS

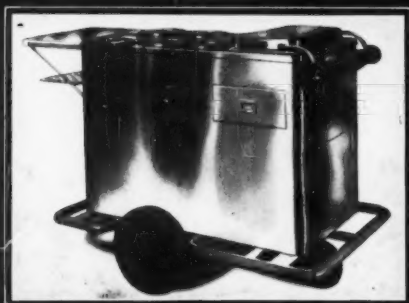
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Prometheus Food Conveyors are soundly engineered and built of the finest materials... stainless steel bodies, wells and inserts assure years of dependable service.

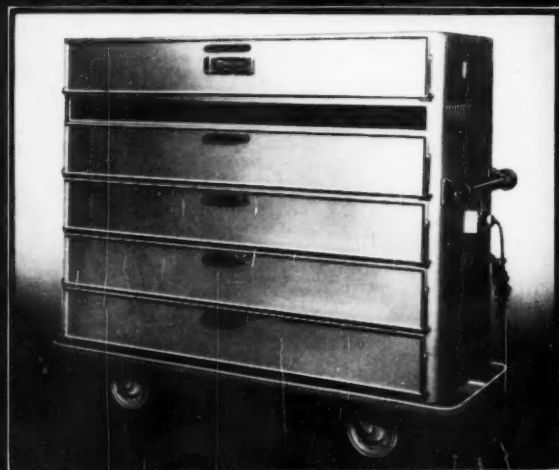


(Above) Model No. 1038 — Serves 60 to 110 patients. Note heated drawer—large enough to accommodate extra meal pan.



(At left) Model No. 1090 — Outdoor Model. 14" pneumatic tires available in various combinations.

(Below) Model No. 1023 — Tray Conveyor. 4 heated shelves, 1 cold compartment holds 20 trays.



Prometheus Food Conveyors are attractive in appearance, compact in size, easy to handle and economical in cost and operation.



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## *PROMETHEUS*

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Sister Edwarda, chief dietitian at St. John's Hospital, in the hydraulic elevator that travels from storeroom to kitchen. Right: Interior of meat box. At the rear is a sharp freezing unit which operates at ten below zero.



to save much heavy carrying by personnel, and (2) by means of three electric dumbwaiters which serve all upper floors of the building, plus the kitchen, and connect with the dishwashing room immediately below. By means of the three stainless metal dumbwaiters, all of which are high speed and automatically controlled, dishes pass through the kitchen only once, on the way up for food service, and are returned directly to the basement for dishwashing in a soundproof, remote enclosure which does away forever with the clatter and hubbub usually attending this operation.

A primary objective in planning the new food service department was the ultimate in sanitation and ease of cleaning. This has been effected by means of sanitary tile walls throughout in corridors and enclosures, red quarry-tile floors, and all stainless metal equipment. Actually, all rooms are such that it would be possible to wash them down with a fire hose without damaging any of the fixtures, equipment or enclosures.

Completely walled off from the rest of the hospital, the food department begins in the basement with the receiving room warehouse, 55 by 45 feet, which has a direct drive-in entrance from the street. Roller gravity conveyors are used to unload trucks and roll the merchandise direct to the floor inside. Here, incoming foods are checked in, and the foods move into an "immediate stock" storage room next to the elevator. This room is kept stocked with tomorrow's foods, according to orders from the dietitian's office,

and chefs and all food service workers find everything they need ready to be whisked upstairs by the hydraulic elevator early in the morning. Each of these storerooms is equipped with all-steel adjustable shelving which can be altered by means of metal pegs to fit the cartons, cans or bottles to be placed on the shelves. These tightly fitted shelves have greatly reduced breakage and other damage before the food goes to preparation.

These storage rooms are at the head of a 100 by 15 foot, tiled wall corridor, from which branch all of the pre-preparation, storage and specialty departments supplying the kitchen. Next to the storage room, and constructed with the same tile walls as the corridor, are three walk-in refrigerators, built with remarkable economy for specific purposes. There is one meat refrigerator, 10 by 10 feet, in the rear of which is an 8 by 6 foot deep-freeze unit, set at  $-10^{\circ}$  F., in which leftovers, frozen foods and ice cream can be kept for long periods, which allows the hospital to serve many out-of-season fruits without paying the usual premium.

Adjoining the meat box are a 10 by 8 foot dairy box operating at  $38^{\circ}$  F. and a produce preparation box of 6 by 10 feet. The produce refrigerator, incidentally, has two entrances, one on the corridor, and the other opening directly into the produce preparation room which has the responsibility of sending all produce into the kitchen ready for cooking. Equipment here includes three stainless metal sinks, grinder, slicer and coring, washing and weighing machines.

Each of the basement departments is in a separate room of its own, under lock and key, which greatly promotes sanitation and independent operation. The butcher shop, directly across the corridor from the meat refrigerator, includes a slicing machine, low-temperature fish refrigerator, a 14 foot mahogany work table, and electric meat saw.

Next to this shop, in a room 18 by 10 feet, is the bakery, with a six-drawer gas oven, floor mixer, table mixer, and heavy stainless aluminum pots, pans and baking containers. The usual hospital problem of bread staleness is solved by building into the bake shop a separate room which has six humidified stainless metal wall cabinets in which bread can be kept fresh twice or three times as long as is possible with the ordinary breadbox, according to the hospital.

Around the corner from the forward-stock storeroom is one of the most striking innovations of the new hospital food service department, a "garbage refrigerator," in which twelve cans of garbage can be kept refrigerated at  $30^{\circ}$  F. This temperature, it has been found, obviates odors and chills the garbage into a solid, easily handled mass which can be removed once a week instead of being hustled out daily as was formerly necessary.

At the base of the three electric dumbwaiters that serve all floors is the dishwashing room, likewise equipped with tile floor and walls, which carries the entire dishwashing load for the hospital. The U-shaped dishwashing equipment is composed of stainless

metal work surfaces, all focusing on a point directly in front of the dumbwaiters. Here, everything received from the dishwashers goes through a prewasher spray of chemically treated water, and silver, glassware and china are split to go three ways—through a silver-washing unit, an automatic dishwasher, and automatic glasswasher.

On the sidewall are a double stainless pot and pan sink and a "standby" emergency sink for hand operations in the event any of the equipment breaks down. After being washed and blast-dried dishes are assembled in racks and sent by the electric conveyors to the dish storage cabinets in the kitchens until used again. Owing to the below-ground location and a heavy soundproof ceiling, there is absolutely no noise from the dishwashing room even at top speed operation.

The basement also includes an ice-making room, which is a carry-over from the old arrangement, and separate locker rooms for men and women employees.

On the ground floor level above, St. John's has utilized a series of three former separate dining rooms in the right rear corner of the building to set up a cheerful, light new cafeteria, which will accommodate 250 persons at a time. The three former dining rooms were entirely ripped out, new supports were put in place, and the walls were plastered; handsome draperies were hung, and new stainless metal tables and fluorescent lights were installed. In this light, airy room all hospital employees eat together, thus doing away with the segregation of physicians, nurses and other employees which resulted in needless duplication of orders and serving troubles.

All foods now, instead of being served at the table, are presented along a 45 foot cafeteria counter table, with stainless metal refrigerated compartments, electrically heated insets on the steam table, and such equipment as automatic toasters, roll warmers, bread warmers, and ice cream service. Incidentally, the cafeteria has its own dishwashing unit in a room directly behind the center, where there are two stainless metal sinks, a half-sized dishwasher, and storage compartments for glassware, silver and tableware.

The ceiling in the new cafeteria is soundproof, and heavy rubber tile floor minimizes sound. The entire hospital staff can be served the noon day meal in approximately 50 per cent of the

time formerly required, according to Sister Edwarda.

Service departments on the first floor radiate away from the main kitchen. To the rear, separately enclosed, is the special diet kitchen, which averages from thirty-five to fifty trays per day of bland or diabetic foods. White tiled throughout, this has been equipped with a stainless metal, electrically heated steam table for hot soups, gravies and meats, a separate range for frying or boiling, a large stainless metal work table for special sandwiches and salads, and a porcelain finish, ten-door reach-in refrigerator, which is split into compartments at various temperatures for dairy products, vegetables, meats and frozen desserts.

The huge main kitchen is L-shaped, with the long arm extending along the front of the hospital, back of a dividing corridor down the first floor. The dietitian's office is located in the right front corner, with huge plate glass windows, through which it is possible to observe almost all kitchen operations.

Immediately outside of the dietitian's office is the cooking area, which is split into two units for convenience. One unit is the chef's area, for meats, gravies and soups; the other is the vegetable section, back-to-back with the meat cooking equipment and separately staffed. Both of these cooking departments are located under a 25 by 12 foot stainless metal hood, equipped with steam fire prevention apparatus, which exhausts all odors and excess heat.

The cooking equipment includes six four-burner gas ranges, two four-drawer ovens, two deep fat fryers, and three stainless metal work tables, one of which includes a steam-heated, shallow bain-marie 10 by 10 feet and large enough to store, ready-for-service, all the hot foods which go onto an assembly-line conveyor elsewhere in the kitchen. This large bain-marie, incidentally, solved one of the worst problems of the past kitchens—where to keep hot foods hot—according to

Sister Edwarda. An elevated pan rack, up out of the way, consolidates all vessels and pans in a place that is convenient to the chef, and stainless metal heated compartments under the work tables offer plenty of space for storing dishes at the proper temperature.

In the vegetable preparation area, likewise under the hood, are two steam pressure ovens, a steam double boiler unit, two steam kettles, a double stainless metal sink large enough for washing even full-sized soup pots, and a "movable" stainless metal shelving fixture by which pots and pans can be wheeled up and down the cooking space according to need. All of the fixtures here, with the exception of the cooking equipment, were custom-built for the kitchen.

All of the basement preparation rooms, plus the diet kitchen and the cooking areas described, may be regarded as the broad end of a funnel, with the funnel narrowing to a point at the left end of the main kitchen. All food production channels to this point, which is a narrow room ending up with the three dumbwaiters previously described, leading to the upper floors and the dishwashing room below. Here, St. John's Hospital has achieved its most outstanding improvement in a stainless metal conveyor table where all meals are assembled for bed patients on the upstairs floors.

Called the "meal assembly room," this room contains the conveyor table, 32 feet long in the center, with a "hot side" and a "cold side." The stainless metal table, electrically operated throughout, features a conveyor belt in its center 18 inches wide which moves continuously at a slow speed toward the three waiting dumbwaiters at the far wall. Built to assemble meals just as an automobile plant puts together automobiles, the conveyor table includes inset electrically heated recesses on the right side, controlled by simple rheostat switches, which will keep soups, meats, gravy, vegetables and sauces at the precise temperature necessary for maximum goodness.

All hot foods, after being cooked in the chef's area, move to the bain-marie and are placed in small stainless metal insets, which in turn are dropped into the slotted receptacles along the side of the conveyor table, from which they are served out directly onto patients' trays. Also on this side of the room (the hot side) is a stainless metal counter fixture which includes two





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automatic toasters, two hot plates for special foods, two egg boilers, and three 20 gallon stainless metal coffee urns. Space beneath consists of compartments in which plates are heated for table use.

On the other, the "cold side," and also built into the conveyor table, are two 20 gallon ice cream containers, two refrigerated compartments for salads, fruit juices, gelatine and frozen desserts, and on the wall a ten-door refrigerator which provides more than 100 cubic feet of space for all pre-prepared salads, vegetable plates, cold cuts and dairy products required to assemble a meal.

#### ALL MEALS READY TO SERVE

In operating practice, all meals to be served to bed patients are "on the line" or in the refrigerators or heated compartments, ready to serve twenty minutes before actual service time. When serving begins, trays for patients are dealt out one after another on the conveyor belt from two elevated stainless metal shelves at the rear end of the unit. As each tray is placed on the conveyor belt, a standup clip is used to place a small "selective menu card" in the center, on which the patient has checked the foods desired on the tray.

Nine girls operate the "hot side" and from four to six girls serve on the "cold side." Their sole responsibility is to place on the tray one item each, according to what has been checked by the patient. A girl serving mashed potatoes, for example, need merely watch the trays as they move along the assembly line and place a dish of hot mashed potatoes on the tray whenever she sees this item checked on the menu card.

Similarly, the girls on the cold side are placing ice cream, salads and gelatin on the other side of the tray. At the end of the route, when the tray may have been filled by anywhere from six to twelve persons, it is checked by the dietitian before being fitted onto a slotted tray rack in the electric dumbwaiter and sent express to the proper floor. Careful mapping out of the next day's requirements each day has helped to avoid waste, with the result that foods are uniformly used up on the assembly line. Any excess, instead of being wasted, can be sharp-frozen in the downstairs freezer until the time comes to serve it again, Sister Edwards pointed out.

All equipment in the assembly line section of the kitchen is so arranged

that it is convenient to feed trays, dishes, hot and cold foods, glassware and silver directly to the conveyor, so that when the tray arrives at the end of its 32 foot tour it is ready to be carried immediately to the patient. After the meal has been consumed, soiled dishes and trays alike are sent "express" down the dumbwaiter directly to the dishwashing room.

The speed-up in service almost cuts in half the time required to serve all patients in the hospital owing to the fact that the conveyor does away with cross-steps and needless extra trips, and also to the fact that dispensing crews are waiting at the dumbwaiter entrances at the proper time to hustle the hot foods directly to the patients by means of stainless metal carts.

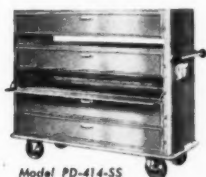
The volume of breakage has been sharply reduced because the dishes are not handled over and over again by numerous people. All the stainless metal work surfaces, too, in the dishwashing room, in compartments, and so on, are constructed with a curled "lip" railing around the edge which makes it difficult to knock any cup, saucer or dish carelessly to the floor. Dumbwaiters or the hydraulic elevator now handle the job of carrying dishes and glasses from one floor to another, with no swinging doors or careless placing of dishes involved.

#### LOSSES ARE REDUCED

These are only a few of the many advantages which have resulted from installation of this system, Sister Edwards emphasizes. Owing to the separate enclosures, all under lock and key, in which each section of the food service department is located, there is no misplacing of foods and the possibility of petty theft has been largely eliminated. Likewise, owing to the mechanization of most steps in dishwashing, food preparation, cooking and the assembly line, to the extent this is possible, far fewer employees are required. Pay roll savings amount to the salaries of four kitchen employees no longer required. In addition, the thirty-six persons formerly employed to wash dishes in the eleven separate kitchens can now devote all of their time to other duties, except for a short interval for serving food, which means a pay roll saving of more than sixty-four man hours per day. The present staff includes eighteen employees in the main kitchen, sixteen in the cafeteria, and thirty-five in central service, which includes all departments.

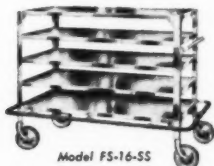
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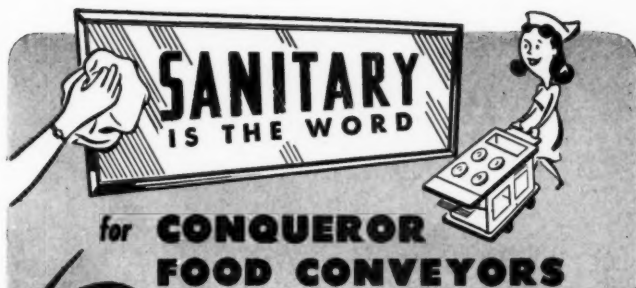
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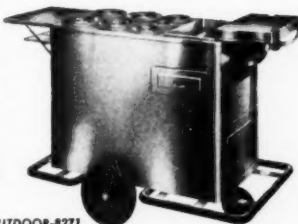
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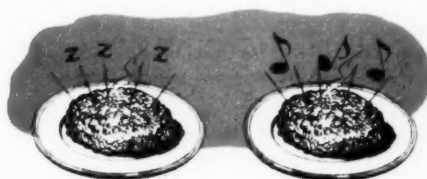
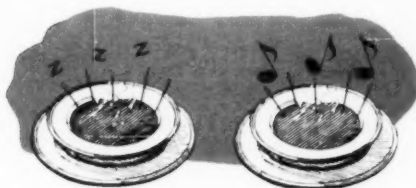


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# Menus for February 1949

Louise McCarley  
Camden Hospital  
Camden, S.C.

- |  |  |   |  |  |  |
|--|--|---|--|--|--|
| <p><b>1</b><br/>Grapefruit Sections<br/>Bacon, Scrambled Eggs<br/>•<br/>Roast Beef With Gravy<br/>Rice<br/>String Beans<br/>Sliced Carrots<br/>Tomato Salad<br/>Banana Pudding<br/>•<br/>Vegetable Soup, Salties<br/>Pigs in Blankets<br/>Stuffed Apricot Salad<br/>Applesauce Cake</p>                          | <p><b>2</b><br/>Tomato Juice<br/>Soft Boiled Eggs<br/>•<br/>Country Style Steak<br/>French Fried Potatoes<br/>Buttered Asparagus<br/>Corn O'Brien<br/>Lettuce, French Dressing<br/>Apple Pie, Cheese<br/>•<br/>Creamed Chipped Beef<br/>Hominy Grits<br/>Waldorf Salad<br/>Blueberry Muffins<br/>Fruit Gelatin With Cream</p>      | <p><b>3</b><br/>Pineapple Juice<br/>Coddled Eggs, Bacon<br/>•<br/>Breaded Veal Cutlet<br/>Creamed Potatoes<br/>Turnips and Greens<br/>Frozen Lima Beans<br/>Mixed Green Salad<br/>Lemon Pie<br/>•<br/>Escalloped Tomatoes<br/>Stuffed Baked Potato<br/>With Cheese<br/>Lettuce Hearts, Russian<br/>Dressing<br/>Fruit Cocktail<br/>Fig Bars</p> | <p><b>4</b><br/>Half Grapefruit<br/>Sausage and Grits<br/>•<br/>Fresh Trout, Tartare Sauce<br/>Lyonnaise Potatoes<br/>Black-Eyed Peas<br/>Okra and Tomatoes<br/>Coleslaw<br/>Peach Cobbler<br/>•<br/>Tuna Casserole<br/>Mixed Green Salad<br/>Bran Muffins<br/>Royal Anne Cherries</p>   | <p><b>5</b><br/>Steamed Prunes<br/>Poached Eggs, Toast<br/>•<br/>Meat Loaf, Tomato Sauce<br/>Mashed Potatoes<br/>Buttered Peas<br/>Spinach<br/>Carrot and Raisin Salad<br/>Chocolate Pudding<br/>•<br/>Spanish Rice<br/>Crisp Bacon<br/>Combination Vegetable<br/>Salad<br/>Pears, Vanilla Wafers</p>                        | <p><b>6</b><br/>Sliced Bananas<br/>Scrambled Eggs, Bacon<br/>•<br/>Baked Chicken With<br/>Dressing and Gravy<br/>Candied Yams<br/>String Beans<br/>Lettuce, Russian Dressing<br/>Ice Cream, Pound Cake<br/>•<br/>Cold Cuts<br/>Potato Salad<br/>Sliced Tomatoes<br/>Peach Halves</p>   |
| <p><b>7</b><br/>Grapefruit Juice<br/>Shirred Eggs, Toast<br/>•<br/>Pork Chops<br/>Browned Potatoes<br/>Frozen Broccoli<br/>Okra and Tomatoes<br/>Apple-Celery Salad<br/>Butterscotch Pudding<br/>•<br/>Vegetable Soup, Crackers<br/>Creamed Chicken on Toast<br/>Pear and Cream Cheese<br/>Salad<br/>Gelatin</p> | <p><b>8</b><br/>Kadota Figs<br/>Soft Fried Eggs<br/>•<br/>Roast Lamb, Mint Jelly<br/>Mashed Potatoes<br/>String Beans<br/>Beets<br/>Waldorf Salad<br/>Chocolate Ice Cream<br/>•<br/>Spaghetti With Meat<br/>Sauce<br/>Lettuce, French Dressing<br/>Rolls<br/>Apricots<br/>Oatmeal Cookies</p>                                      | <p><b>9</b><br/>Pineapple Juice<br/>Bacon and Toast<br/>•<br/>Beef Pot Pie<br/>Buttered Carrots<br/>Spinach<br/>Tomato and Lettuce Salad<br/>Lady Baltimore Cake<br/>•<br/>Veal Cutlets<br/>Mashed Potatoes<br/>Asparagus Tip Salad<br/>Plain Muffins<br/>Gingerbread, Lemon Sauce</p>  | <p><b>10</b><br/>Orange Juice<br/>Soft Boiled Eggs<br/>•<br/>Beef Roast With Gravy<br/>Rice<br/>Black-Eyed Peas<br/>Brussels Sprouts<br/>Mixed Green Salad<br/>Peach Ice Cream<br/>•<br/>Chicken à la King in<br/>Patty Shells<br/>Chef's Salad<br/>Baked Apple<br/>Chocolate Cookies</p>  | <p><b>11</b><br/>Half Grapefruit<br/>Eggs to Order<br/>•<br/>Baked Fish With Lemon<br/>Escalloped Potatoes<br/>Boiled Cabbage<br/>Buttered Peas<br/>Lettuce Salad<br/>Apple Cobbler<br/>•<br/>Broiled Calf's Liver<br/>Hominy Grits<br/>Grilled Tomato<br/>Bananas With Cream</p>  | <p><b>12</b><br/>Steamed Prunes<br/>Sausage Links<br/>•<br/>Cubed Steak<br/>Rice<br/>Lima Beans<br/>Turnips and Greens<br/>Carrot-Celery-Pineapple<br/>Salad<br/>Applesauce Cake, Caramel<br/>Sauce<br/>•<br/>Home-Made Vegetable<br/>Soup, Crackers<br/>Noodle and Beef Casserole<br/>Tomato Stuffed With<br/>Cottage Cheese<br/>Chilled Fruit Cocktail</p> |
| <p><b>13</b><br/>Fresh Orange Juice<br/>Poached Eggs<br/>•<br/>Fried Chicken<br/>Rice With Gravy<br/>Lima Beans<br/>Candied Carrots<br/>Celery and Olives<br/>Vanilla Ice Cream,<br/>Chocolate Sirup<br/>•<br/>Tuna Salad<br/>Potato Chips, Pickles<br/>Sliced Tomatoes<br/>Applesauce</p>                       | <p><b>14</b><br/>Sliced Bananas<br/>Scrambled Eggs<br/>•<br/>Pork Chops<br/>Mashed Potatoes<br/>String Beans<br/>Baked Acorn Squash<br/>Chopped Vegetable Salad<br/>Cherry Cobbler<br/>•<br/>Broiled Calf's Liver<br/>Escalloped Potatoes<br/>Buttered Peas<br/>Pear Salad<br/>Plain Muffins</p>                                   | <p><b>15</b><br/>Half Grapefruit<br/>Bacon and Eggs<br/>•<br/>Veal Roast<br/>Whipped Potatoes<br/>Turnips and Greens<br/>Buttered Beets<br/>Carrot-Raisin Salad<br/>Pear Pie<br/>•<br/>Chicken Roll<br/>Broiled Tomato<br/>Pineapple-Date Salad<br/>Baked Custard</p>   | <p><b>16</b><br/>Prune Plums<br/>Hominy Grits, Sausage<br/>•<br/>Lamb Roast<br/>Browned Potatoes<br/>Mashed Turnips<br/>Buttered Asparagus<br/>Spiced Peach Salad<br/>Banana Pudding<br/>•<br/>Veal Croquettes<br/>Mashed Potatoes<br/>Mixed Green Salad<br/>Plain Muffins<br/>Frozen Cherries</p>                                   | <p><b>17</b><br/>Pineapple Juice<br/>Soft Eggs, Bacon<br/>•<br/>Roast Pork With<br/>Applesauce<br/>Rice With Gravy<br/>Spinach<br/>Frozen Peas<br/>Tomato and Lettuce Salad<br/>Blueberry Cobbler<br/>•<br/>Corned Beef Hash<br/>Chopped Vegetable Salad<br/>Hot Biscuits<br/>Sliced Peaches<br/>Angel Cake</p>              | <p><b>18</b><br/>Fresh Orange Juice<br/>Cheese Omelet<br/>•<br/>Fried Trout<br/>Mashed Potatoes<br/>Black-Eyed Peas<br/>String Beans<br/>Head Lettuce, French<br/>Dressing<br/>Ice Cream<br/>•<br/>Half Grapefruit<br/>Tuna Salad<br/>Potato Chips<br/>Bran Muffins<br/>Pound Cake</p>   |
| <p><b>19</b><br/>Tomato Juice<br/>Link Sausages<br/>•<br/>Country Style Steak<br/>French Fried Potatoes<br/>Mustard Greens<br/>Julienne Carrots<br/>Vegetable Perfection<br/>Salad<br/>Apple Betty<br/>•<br/>Veal Croquettes<br/>Creamed Potatoes<br/>Tomato Salad<br/>Fruit Cocktail<br/>Chocolate Cookies</p>  | <p><b>20</b><br/>Sliced Oranges<br/>Scrambled Eggs<br/>•<br/>Baked Ham With<br/>Pineapple Rings<br/>Macaroni Pie<br/>Green Butter Beans<br/>Buttered Asparagus<br/>Apple-Celery Salad<br/>Ambrosia, Whipped Cream<br/>•<br/>Creamed Chicken on Toast<br/>Pineapple and Lettuce<br/>Salad<br/>Lady Fingers, Chocolate<br/>Sauce</p> | <p><b>21</b><br/>Grapefruit Sections<br/>Soft Fried Eggs<br/>•<br/>Veal Cutlets<br/>Mashed Potatoes<br/>Boiled Cabbage<br/>Frozen Peas<br/>Spiced Pear Salad<br/>Butterscotch Pudding<br/>•<br/>Beef Stew With<br/>Vegetables<br/>Mixed Green Salad<br/>Muffins<br/>Jelly Roll</p>  | <p><b>22</b><br/>Fresh Orange Juice<br/>Hot Cakes, Sirup<br/>•<br/>Roast Beef With Gravy<br/>Rice<br/>Cauliflower, Creamed<br/>Cheese Sauce<br/>String Beans<br/>Lettuce Hearts, French<br/>Dressing<br/>Cherry Pie<br/>•<br/>Oyster Stew, Crackers<br/>Deviled Ham Sandwich<br/>Potato Chips<br/>Pineapple Upside-Down<br/>Cake</p> | <p><b>23</b><br/>Blended Juice<br/>Scrambled Eggs, Bacon<br/>•<br/>Meat Loaf, Tomato Sauce<br/>Parsley Potatoes<br/>Spinach With Boiled Egg<br/>Green Butter Beans<br/>Carrot and Raisin Salad<br/>Banana Pudding<br/>•<br/>Vegetable Soup<br/>Cheese Souffle, Mushroom<br/>Sauce<br/>Congealed Fruit Salad<br/>Crackers</p> | <p><b>24</b><br/>Half Grapefruit<br/>Plain Omelet<br/>•<br/>Roast Pork<br/>Baked Sweet Potato<br/>String Beans<br/>Cooked Vegetable Salad<br/>Blueberry Cobbler<br/>•<br/>Chicken-Rice Soup<br/>Crisp Bacon<br/>Baked Stuffed Potato<br/>Celery Hearts<br/>Fresh Grapefruit Salad<br/>Assorted Cookies</p>   |
| <p><b>25</b><br/>Kadota Figs<br/>French Toast, Jelly<br/>•<br/>Baked Fresh Fish, Lemon<br/>Whipped Potatoes<br/>Wax Beans<br/>Okra and Tomatoes<br/>Coleslaw<br/>Peach Pie<br/>•<br/>Fish Roe Cakes<br/>Hominy Grits<br/>Fruit Salad<br/>Baked Custard</p>   | <p><b>26</b><br/>Sliced Bananas<br/>Scrambled Eggs<br/>•<br/>Fried Ham<br/>Mashed Potatoes<br/>Broccoli, Hollandaise<br/>Sauce<br/>Frozen Peas<br/>Lettuce, Russian Dressing<br/>Chocolate Pudding<br/>•<br/>Hamburger Spins,<br/>Mushroom Sauce<br/>Chopped Vegetable Salad<br/>Fruit Compote<br/>Cup Cakes</p>                   | <p><b>27</b><br/>Sliced Oranges<br/>Soft Fried Eggs<br/>•<br/>Roast Turkey With<br/>Dressing and Giblet Gravy<br/>Rice<br/>Candied Yams<br/>String Beans<br/>Cranberry Salad<br/>Ice Cream<br/>•<br/>Cream of Chicken Soup,<br/>Crackers<br/>Deviled Eggs With<br/>Tomato Sauce<br/>Fruit Salad<br/>Lemon Gelatin</p>                           | <p><b>28</b><br/>Half Grapefruit<br/>Scrambled Eggs<br/>•<br/>Pork Chops<br/>Diced Potatoes<br/>Candied Carrots<br/>Turnips and Greens<br/>Combination Salad<br/>Applesauce Cake, Whipped<br/>Cream<br/>•<br/>Tomato Soup, Salties<br/>Creamed Tuna on Toast<br/>Half Peach<br/>Feather Sponge Cake</p>                              |  |  |

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## INFRA-RED LIGHT

### on Laundry Production

A. H. BRITTINGHAM

Administrator, Easton Hospital, Easton, Pa.

**L**IKE most hospitals today, we are searching for every conceivable method or process that might reduce our high cost of operation. In reviewing the maintenance of our laundry, many interesting factors were presented by Charles Turner, manager of this department. Unfortunately, we have followed the pattern of many hospitals in expanding our bed complement and adjunct medical facilities, placing a burden on our laundry that has presented a serious problem. This added burden has gradually increased with the newer trends in medicine, which require fewer days of hospitalization per patient but increase the number of admissions.

Our method of overcoming this serious difficulty appeared expensive regardless of choice. If we inaugurated a two-shift program on the ironer, it would mean increasing the pay roll of this department at least \$405 per month. Investigation of a mechanical changeover revealed a cash outlay of approximately \$12,200. With an ever-increasing operating deficit, either channel posed a difficult

decision. We enlisted the knowledge and skill of our chief engineer, Charles Pevorus, and decided on some research in an attempt to overcome our difficulty, with the result that a new method has recently been introduced whereby production can be increased, costs can be reduced, and linen can be returned to departments on shorter schedules. Before explaining this new procedure, let us glance at the routine involved in a day's work in our laundry.

Soiled linens begin arriving at 7 a.m. and continue coming in throughout the day. The linen is first sorted and then placed in the washers. From there it is next deposited in a huge spinning basket called the extractor, which whirls it about, draining off the surplus water, leaving the wash faintly damp. Upon removal from this machine, the linen is sorted and such articles as baby clothes, bath towels, wash cloths, and items that need to be fluffed dry (rather than ironed flat) are placed in a machine called the tumbler, which tumbles them in cylinders and dries by hot

air. The balance of the wash, with the exception of uniforms and starched items, is run through the flatwork ironer, a mechanical marvel which presses all flat pieces.

The last procedure is the folding and sorting of the various items and removal of torn linens for repair, after which the linen is returned to the proper department.

With the installation of infra-red lamps on our six-roll flatwork ironer, the laundry has increased flatwork production 40 per cent.

Based on the theory that the lamps act as a "heat booster" in removing excess moisture from the wet linen and thereby keeping the heat of the ironer at an even temperature, the speed of the ironer is increased.

Before installation of the infra-red lamps, it was necessary to run the large flat pieces through the ironer twice to ensure drying. By use of the lamps, this operation is now complete in one run. In addition to this production gain, the amount of rejected linen caused by rolled edges and poor ironing has been decreased.

We are using thirty-two 250 watt infra-red lamps. The lamps have been installed in four banks of eight each, spread over the width of the ironer. The banks have been placed slightly above and between rollers. There is no glare to bother the operators since the lamps are of the built-in reflector type and the rays are directed downward.

The installation did not interfere with the normal operation of the laundry and was supervised by our engineer. The materials required were: angle iron, the lamps, and an electrical hookup capable of handling 8000 watts. An automatic shut-off control switch was added to eliminate the possibility of accidental scorching of roller pads and linen when the ironer is not operating.

In the four months of operation, the infra-red lamps have proved to be satisfactory, and the laundry manager expects to increase the production of flatwork by a larger percentage with the continued use of these lamps. Cost of installation was \$147.



Battery of thirty-two 250 watt infra-red lamps installed over the ironer speeds production.



## 3 ways to stretch a shrinking linen dollar

Longer life for your precious linen supplies is provided by the automatic operation of today's modern Hoffman laundry equipment. By eliminating manual loading and unloading—by providing precise formula control, Hoffman advanced-design models of washers, extractors and washer controls save wear and tear, reduce tensile strength loss, actually protect your linens through more washings.

Greater linen "life expectancy" is just one of the many advantages you gain with Hoffman laundry equipment service. Others include expert laundry layout planning, lower operating costs and bigger, better balanced production.

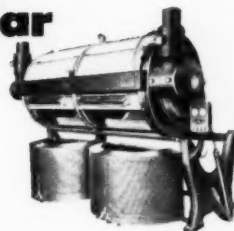
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### AUTOMATIC WASHER CONTROL

Conserves linen—as well as water, soap and other supplies—by controlling washer formulas precisely. Fully automatic models give exact, measured injection of supplies for any one of several predetermined formulas you select. No over or under runs—no "over" or "under" amounts of soap, bleach, sour, blue, water and other supplies.

Available with individual supply stand (for one washer) or with central supply system serving many washers.



### UNLOADING SILVER CREST

Saves pulling time and labor—cylinder raises hydraulically to deposit loads into basket halves. Faster operation—more loads per day—saves floor space. 42-inch cylinder diameter.



### UNLOADING EXTRACTOR

Cuts time and labor formerly needed for linen handling. Loaded basket halves carried by electric hoist (from washer), quickly lowered into this extractor, then raised for dump-out at finishing tables. In 50 and 54 inch basket diameters.

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**INSTITUTIONAL LAUNDRY DIVISION • BRANCHES IN ALL PRINCIPAL CITIES**

## Housekeeping Begins With **ORGANIZATION**

*in the Hotel Field, too*

### MRS. GRACE BRIGHAM

Executive Housekeeper  
Sheraton-Biltmore Hotel  
Providence, R. I.

THE various institutions represented by the members of this class are in business to sell specialized service. They are hospitals, for the recovery of health; clubs, for recreation, food and sometimes shelter; restaurants where food and, in some cases, entertainment are furnished, and schools, industries, banks and corrective institutions in which food, shelter and proper recreational facilities are the chief considerations.

Top management in any of these institutions must employ persons of intelligence and training to whom may be delegated responsibility for the direction of the departments into which the working staff is divided.

The general manager of a hotel usually sets up five departments, all of which are closely associated with the operations of the housekeeping department. They are: (1) the front office, which is supervised by the assistant manager, to handle reservations and allocations of rooms and to keep the necessary records involved; (2) uniformed service, often under the same assistant manager, which includes doormen, bellboys, elevator operators and porters; (3) housekeeping, which is in charge of the executive housekeeper and whose function is the care of rooms and public spaces with an adequate staff; (4) maintenance, in charge of the chief engineer, which is responsible for heat, light, power, electricity; (5) food and beverages, which is under the supervision of a *maitre d'hôtel*, the chef and the wine steward. These five entirely separate but interdependent departments must work together in close cooperation if the results are to please the discriminating public.

Every hotel expects its room department to make money. Very often it is

the largest income producer. The house count means the black and red ink on the ledger. The executive housekeeper and her staff are largely responsible for guest room conditions and so, at the same time, for room revenue. What, then, are her duties?

Foremost among them is her loyalty to management, for management depends on the executive housekeeper to translate its policies and directives to employees. Management expects the executive housekeeper to run the department with the greatest efficiency and least expense for the satisfaction of the guests; to recruit, select and train an adequate staff; to requisition or, in some instances, to select and buy, and to keep track of the necessary equipment for the function of the department; to keep such essential records as time book and pay roll, schedules of work, vacations and accident reports, linen control inventories, items received in the lost and found department, guests requests, preferences and dislikes, and sometimes to purchase but always to maintain carpets and other floor coverings and finishes, furniture, fabrics for upholstery, draperies, bedspreads and slipcovers.

Her responsibilities to other departments heads are as follows: She reports to the assistant manager any suspicious accidents, valuable finds, and, out-of-

the-ordinary happenings; also guests' complaints or requests, with full details so that the assistant manager will be prepared for the interview. For instance, a guest may be dissatisfied with the color scheme or service or lack of certain furnishings and complain to the housekeeping department. If the housekeeper is unable to comply with the wishes of the guest, it is well for the assistant manager to know of the incident in advance so he will be prepared to meet the complaint when the guest finally goes to his office.

The credit manager expects the housekeeper to report on light baggage and "sleep outs," to notify him of excessive room or bar service and especially to report any guest who tries to borrow any money from an employee.

The room clerk's work is simplified if the housekeeper gets each room ready for resale as soon as possible; if she consults him before putting a room out of order, except in an emergency, difficulty will be avoided in the future in case he has reserved the room. Often, if a room clerk is shown a newly decorated room, which is always the pride of any housekeeper, he will cooperate by seeing to it that no rowdy parties take place in that room. Any room clerk appreciates knowing why certain rooms are in continuous use. Is it because of excellent maid service, attractive, pleasant outlook or extreme quietness? In this connection the housekeeper should call the room clerk's attention to reasons against continued occupancy of any one room. Concentrated occupancy means more wear and tear on furnishings at large. It is also one cause of personnel difficulties. For example, if Mary on section 23 has to clean an average of twenty-two rooms, whereas Louise on section 20 cares for an average of nine

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This is the second in the series of housekeeping lectures presented at Boston University. Although Mrs. Brigham's discussion deals primarily with hotels, many aspects of it are equally adapted to hospitals.

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## "WANTED IN SURGERY"

FLOORS, WALLS  
DISINFECTED WITH  
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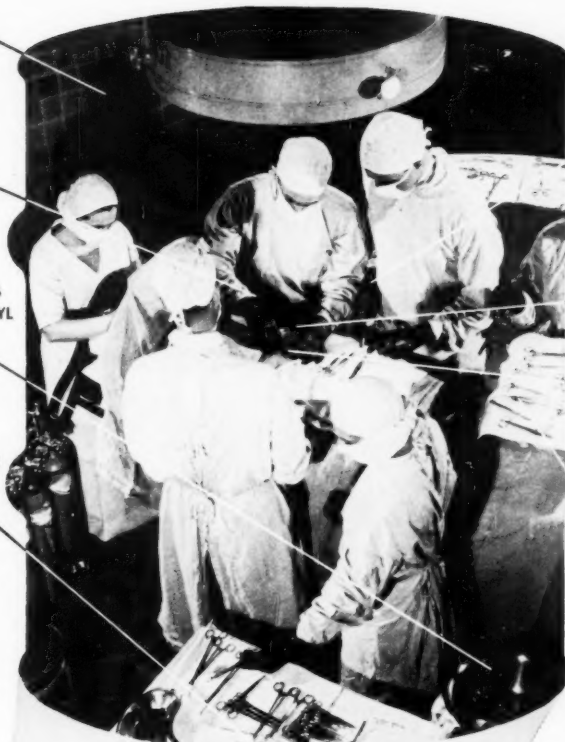
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CUTTING INSTRUMENTS  
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AMPHYL FORMULA



# Amphyl

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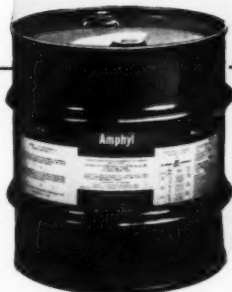
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rooms, Mary will quite probably feel that she is overworked.

It is poor policy to put a guest in a room that is not ready. More than half of the complaints in hotels are the result of this first bad impression.

The reservation clerk can work with the housekeeper by notifying her of heavy occupancy so that she can avoid having too small a staff and too many rooms out of order. The housekeeper should advise the reservation clerk of major renovation plans so there will be no unexpected shortage of rooms.

The banquet manager or maitre d'hôtel must keep the housekeeper informed of his requirements so she can provide adequate amounts of linens, adequate labor to polish floors and tune pianos, and extra help to handle such requests as setting up screens for motion pictures, piano moving and unusual furniture arrangements. These should be indicated on weekly function lists. If the setup is agreed upon, the signature of the one making arrangements should be required and notice should be given that any changes will entail a labor charge. This often saves employee difficulties and last minute confusion.

#### WORK WITH CHIEF ENGINEER

The chief engineer and the housekeeper must plan their work in close cooperation as regards the duties of carpenters, plumbers, painters and electricians. Immediate repair of such minor items as leaky faucets, a chain on the closet light, a squeaky door, loose knobs, and defective locks will often save unnecessary expense.

The accounting department needs the housekeeper's assistance in approving the bills as soon as the goods are received and checked, in meeting pay roll deadlines and in sending employees' contracts and discharges to them promptly.

Laundry managers would often be much more cooperative were the housekeeper to strip beds and get the linen down to them more promptly; to designate or assign certain days for the laundering of uniforms, bed spreads and curtains, and to take better care of linens, i.e. preventing stains and tears and keeping the number of pieces to be washed to a reasonable figure. The issuing of new for discarded linen is of the utmost importance if one is to avoid shortages. It is not quite fair to expect a laundry manager to be perfectly willing to wash a large amount of additional linen hurriedly because a housekeeper is dilatory in making up shortages.

In turn, the laundry can cooperate with the housekeeping department in washing articles in order of their need, that is, sheets first, pillow cases and then towels. The housekeeper also appreciates it when the linen is distributed quickly and evenly, and when torn and stained linen is sorted out after it leaves the mangle, so that it will not have to be inspected a second time. It saves a tremendous amount of time on the part of the maid when she does not have to run back and forth to the linen room for exchanges.

The lost and found department may not add to the income of the hotel but it is greatly appreciated by the guests and depends largely on help from all other departments. Articles found should be sent at once to the proper place. If an article cannot be sent to the proper place immediately, a description should at least be furnished by phone. It is not only embarrassing but also costly to have a guest make an inquiry about a lost article from a distance and find that the housekeeper does not know the details. Invariably, the guest will want to be called, and this, by the way, at the expense of the hotel, to be informed when the article is found. It therefore simplifies things, if the department that picks up the article lets the housekeeper know something about it. On the other hand, if the guest reports the loss to the housekeeper she should inquire about all the details concerning the article, so that she can identify it properly when it is handed in.

In a small hotel, personnel duties of a housekeeper consist of recruiting employees, training and overseeing seamstresses, maids, cleaners and housemen. She must make out job analyses resulting in definite procedures, and she must carry out the management policies. Recruiting methods are as follows: through the U.S. Employment Services, and may I mention here that the housekeeper is not obligated to accept an applicant who does not meet her needs even though she is sent through this department, through unions, by advertising, through employment agencies, and through recommendation of present employees. Of all these I feel that getting an employee through one of the present employees is by far the most successful.

When hiring employees, take the best person available for the job. Good health, energy and vitality are the first requisites. In my estimation, good feet are essential for there is a great deal of walking by anyone in the housekeeping department. Employees who are hard of hearing can often be used to advantage in certain sections, for instance, as bath maids, but it is not advisable to hire a hard of hearing person as a chambermaid for often the guest feels that she is indifferent. Good eyesight is absolutely necessary, for a guest often leaves a note for a maid to leave additional towels or writes for other considerations. Height is important, especially in the selection of a chambermaid. If she is too tall, the constant bending over beds or stooping with dustpan might cause future back aches. Again, if she is too short, she finds it difficult to reach shelves in closets or to dust the top of pictures and may be tempted to stand on a chair and may slip and fall. An employee should be neat and clean, have a pleasant personality, be willing and courteous and be able to read and write.

**CAN EMPLOY HANDICAPPED**

What of the handicapped person? Is he or is he not desirable? I can recall a deaf seamstress I had who produced more work than any other seamstress because she did not spend time gossiping or listening to others gossip. So do not feel that a handicapped individual cannot be considered. There are often good places for them, and they will more than compensate you for their employment.

An executive housekeeper may act as a manager's assistant in charge of renovations, decorations and guest relations. It is often through her personality that she is able to sell and satisfy future guests.

If the hotel grows, the staff naturally increases to include an assistant housekeeper. An assistant must share in the responsibility for linen workroom and guest room inspection. It is essential that an assistant housekeeper have excellent health, pleasing personality, a good appearance, a "seeing" eye (by "seeing" eye I mean the ability to see all of the intricate details which enter into the inspection of a room).

She must have a good faculty for getting along with people; she must also be willing to learn before attempting to teach, and she must be able to win the friendship of employees as well as their respect. By friendship I do not mean the boisterous back-slapping

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MA 1

type, rather I mean the type of person who has a real interest in her employees and shows it. No executive housekeeper, assistant housekeeper, or other supervisor can expect the respect of employees if she does not warrant it.

An assistant housekeeper should have the ability to teach painlessly; if her teaching program is too complex and difficult, the employee gains nothing. If an assistant housekeeper has sufficient pride in her work and a realization of its importance, together with a real desire to fit herself for a higher job, she invariably will reach that goal.

At this point I would like firmly to impress upon all executive housekeepers this fact: Do not feel that you are ever jeopardizing your own job by teaching assistants or any other members of your staff all you know. If and when the time arrives when you have trained your assistant to take on an executive position, try to find such a place for her. Make recommendations for a future position for her if you know of any. If, on the other hand, she is good enough to take your own job it is time that you moved on anyhow. It is always well to have one person in training for the next person's job; for instance, train your night maid to be a future parlor maid, your linen room attendant for future housekeeper, your assistant for future executive. Among such workers are a linen room attendant, one for day, night and midnight if the hotel is large enough to warrant it, a seamstress, a hall cleaner, and a night cleaner.

There has been a great deal of discussion concerning contract work. The usual type of contract work is the washing of windows, polishing of outside brass, pest control, disinfecting and wall washing. Personally, I prefer staff workers to contract workers for night cleaning for I find that contract workers are not any more efficient and are no less costly. Staff cleaners can often take on emergency work which arises by leaving some of their own routine duties to attend to these things, whereas a contract cleaner will do only those things specified in his contract.

In closing I would like to remind the future executive housekeeper that a poor employee is due to the poor teaching on the part of the executive. If an employee has not been properly trained in the various steps of her duties and told how, why and when to perform each duty, she cannot be criticized for poor work.



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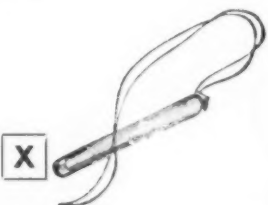


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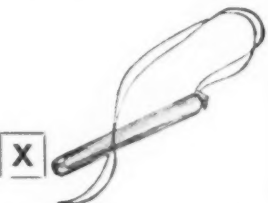
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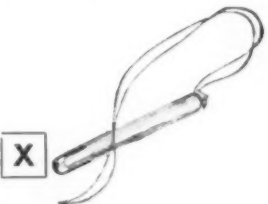
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## These Designing Women

(Continued From Page 82.)

country — and often from other parts of the world — who are anxious to emulate the Center. Donors are also invited so that they can see how their contributions are put to use. Some of the guides are polylingual and in this capacity they interpret doctors' instructions to non-English speaking patients and describe the Center to visiting foreigners.

The third objective, to stimulate support of Memorial's program, is, perforce, covered by the activities of the first two objectives. If the first two are thoughtfully carried out, it is reasonable to conclude that the third is accomplished.

Now, since the point of this article is to interest other hospitals in instituting similar societies and drafting the help of the women in the community, let us consider application and procedure.

The Women's Society of Memorial Hospital Center is unique in that it enjoys rank. The representation on the board of managers of the hospital, held by the chairman of the society, gives authority to its position. The seat on the board also serves to enlist the managers in their programs, eliminates duplication of effort, guarantees support and cooperation. When problems arise, they go to a joint committee.

Before the close of each year, the administrative board of the society submits to the board of managers an outline of plans for the coming twelve months. This assures clearance before actual work is started and stamps it as official and acceptable to hospital departments involved. The board of managers then sets out a budget to maintain operations. At Memorial, the women's society pays only two employees, the secretary and office manager. All other clerical and administrative work is handled by the society members as a voluntary service. But the budget is needed for those two salaries, stationery, stamps and printing expenses.

Membership in the society implies active participation. In order to ap-

point the woman most suited for a particular job, the service committee of the society sends out a questionnaire to all new members inquiring as to specific abilities, experience and skills, and more personal matters of age, number of children, and limitations of time for voluntary work.

This system has proved highly successful in placing members in congenial activities. For example, a request is received for a speaker to address a women's club on Memorial's part in the cancer field. The file is consulted and all cards having orange tabs (denoting public speakers) are pulled. A woman with club and speaking experience who lives in town is more likely to be selected than is a young professional whose job takes her on the road. This procedure is applied to all categories, whether it is to find a former office worker who can help on a mailing, a hostess to receive at some function, or a writer for the publications committee.

It will be said that Memorial Hospital Center represents such a great cause that the task of organizing women and collecting funds is relatively simple. It is only half true. Many women shy from Memorial because it represents a dread disease.

However, it must also be remembered that knowledge of a situation or condition dispels its terror and at Memorial it has been found that the more women were told of the work done at the hospital, the more women were inclined to pitch in and help. To date, 465 pay \$5 a year annual membership dues to enable them to pitch in and help. In the long run, most women have a streak of Florence Nightingale in them and they like to put it to work. A strong, capable leader is an essential but when it comes to sweet charity, even the most retiring will develop into an executive. Let the women in on your hospital needs. They not only will fulfill them, but will find other needs and fulfill those, too. The Women's Society of Memorial Hospital Center is your proof.

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# NEWS DIGEST

**A.H.A. Approves Blue Cross Health Plan . . . Father Schwitalla Resigns as Dean of St. Louis Medical School . . . A.M.A. Starts \$3,000,000 Public Education Program . . . Hoover Commission Report Stresses Conflict in Federal Hospital Services**

## **A.M.A. Embarks on \$3,000,000 Public Education Program**

CHICAGO. — Clem Whitaker and Leone Baxter, managers of a public relations firm in San Francisco, have been retained as counsel to direct the \$3,000,000 public education program announced last month by the American Medical Association. Dr. George F. Lull, A.M.A. secretary and general manager, said here December 17. The campaign will seek "to promote voluntary health insurance and alert the American people to the danger of a politically controlled compulsory health system," Dr. Lull said.

A planning committee approved employment of the San Francisco firm shortly after the house of delegates voted to assess each of the 140,000 A.M.A. members \$25 each for a nationwide plan of education on the progress and health program of American medicine. Dr. Lull said that the campaign would be directed from a Chicago and Washington office, working closely with A.M.A. headquarters and with the association's public relations department.

Mr. Whitaker and Miss Baxter directed the campaign of the California Medical Association which defeated the program of compulsory health insurance proposed in that state by Gov. Earl Warren, Dr. Lull said. Four years ago, only about 2,500,000 California citizens were enrolled in voluntary health insurance plans, it was explained. Today, as a result of the state association's continuing educational campaign, there are more than 100 voluntary health insurance systems operating in California, with more than 5,000,000 insured members—a million more than Governor Warren promised to care for under his compulsory program.

## **A.H.A. Approves Blue Cross Plan for National Prepayment Health Service**

CHICAGO. — At a meeting here last month, the board of trustees of the American Hospital Association again approved the plan for a national prepayment health service as proposed by the Blue Cross commission. The action came a few days after the house of delegates of the American Medical Association rejected the joint Blue Cross-Blue Shield health service plan approved by the A.H.A. at Atlantic City last fall.

It is expected now that the Blue Cross commission will proceed immediately with the formation of Blue Cross Health Service association which will operate an insurance company providing uniform coverage for national employers where the need cannot be met by local Blue Cross plans. Whether the company will also write medical benefits on a cash indemnity basis has not been stated; however, many observers believe this will be an important function of the new organization.

Speaking for the A.H.A. board after the meeting approving the commission's

After a preliminary study, Mr. Whitaker announced that the A.M.A. public education campaign would be built around the following three objectives:

1. To awaken the people to the danger of a politically controlled compulsory health insurance system.
2. To acquaint the people with the superior advantages of American medicine over the government dominated medical systems of other countries.
3. To stimulate the growth of voluntary health insurance systems and pre-paid medical care plans to take the economic shock out of illness and increase the availability of medical care to the American people.

proposals, Joseph G. Norby, president, said, "The association is happy to approve the new proposal of the Blue Cross commission. We hope this demonstration of our confidence will enable Blue Cross plans to develop even more rapidly."

It is expected that the national health service will be incorporated in Illinois some time after January 1.

## **Father Schwitalla Resigns as Dean of St. Louis U. Medical School**

ST. LOUIS. — The resignation of Rev. Alphonse M. Schwitalla, S.J., as dean of the St. Louis University School of Medicine was announced last month by Rev. Paul C. Reinert, S.J., acting president of the university. Necessitated by Father Schwitalla's ill health, the resignation is effective immediately, the announcement said.

Rev. Edward T. Foote, S.J., formerly assistant dean, has been named regent of the school of medicine, Father Reinert added. He also stated that it is the intention of the university to appoint a medical man as dean, and that a committee will be appointed at once to search for qualified applicants.

Father Schwitalla completed his twenty-first year as dean of the school of medicine December 3. In addition to serving the school of medicine in an advisory capacity, he plans to devote his attention to writing in the fields of medical and nursing education as well as hospital administration.



Rev. A. M. Schwitalla



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## NEWS...

### Conflict in Federal Hospital Services Criticized in Hoover Commission Study

WASHINGTON, D.C.—Conflict between the billion dollar construction program of the Veterans Administration and federal aid for voluntary hospitals under Public Law 725 was emphasized in a report submitted last month to the Hoover commission on governmental reorganization by a special medical service committee. The Veterans Administration was sharply criticized in the report, which pointed out that Veterans Administration hospitals are being built faster than physicians can be found to staff them.

The report also indicated that federal hospital costs of \$20,000 to \$30,000 a bed were excessive compared to the \$16,000 average for private hospital construction. Additional aid to private hospitals under the Hill-Burton Act to provide facilities for veterans "care would be cheaper and equally efficient, the report indicated.

In another section, the report criticized the program under which care is provided for nonservice connected disabilities for veterans. Moreover, "nine hundred thousand dependents of service personnel get complete medical care free," the report added, "with no other authorization than an appropriation act passed by Congress sixty years ago permitting such care wherever practicable."

Discussing treatment of nonservice connected disabilities, the committee pointed out that such treatment is authorized only if beds are available. "Yet, 100,000 Veterans Administration beds have been built or authorized for the sole purpose of treating these cases," the report said.

Also criticized were hospital care programs of the army and navy. For example, the Tripler General Hospital at Honolulu was recently completed at a cost of more than \$30,000,000, "although the navy has a hospital adequate for all military needs of the area."

Among thirteen federal hospitals providing 9900 beds in the San Francisco area, the report said, only six are actually needed. Of the 9900 beds, it was pointed out, only 4200 are currently occupied.

The committee recommended that all army and navy general hospitals and all medical functions of the Veterans Administration, as well as the hospital system of the U.S. Public Health Service, should be coordinated in a proposed

new national health bureau. "The United States is assuming uncalculated obligations," the committee concluded, "without any understanding of their ultimate cost, the lack of necessary professional manpower to carry them out, or their adverse effect upon the hospital system of the country."

Tracy S. Voorhees, assistant secretary of the army, was chairman of the committee which made the medical service study for the commission. Among the committee members were Dr. Edward D. Churchill of Harvard University Medical School, Dr. Paul R. Hawley, chief executive officer of the Blue Cross and Blue Shield commissions, Dr. Ray Lyman Wilbur of Stanford University, and Henry P. Isham, president of the board of Chicago's Passavant Hospital.

The committee's recommendations emphasized the necessity for clearer definition by Congress of the beneficiaries of federal aid. The proposed coordination of medical functions in a national health bureau would "correct the extravagances resulting from the present series of unrelated projects," the report stated.

### Blue Cross Membership Reaches 31,841,136, Commission Announces

CHICAGO. — Blue Cross plans enrolled 667,913 new members during the third quarter of 1948, bringing total membership to 31,841,136 persons, the Blue Cross commission announced last month. According to the commission report, 20 per cent of the total population of the United States now has Blue Cross protection, and 19.21 per cent of the Canadian population is enrolled.

Among statewide plans, Rhode Island Blue Cross has enrolled 70.45 per cent of the state's population, and 52.29 per cent of the population in Delaware has been enrolled by the plan located in Wilmington, the report said.

The Blue Cross plan in Toronto achieved the largest numerical growth during the third quarter of 1948, reporting a membership gain of 83,108. New York City and Chicago followed with 69,688 and 54,853 new members, respectively. Largest percentage growth was achieved by plans in Jackson, Miss.; Columbus, Ga.; Greenville, S.C., and Albuquerque, N.M.

### Bernecker Submits Report on His Administration of New York City Hospitals

NEW YORK. — Announcing his retirement as city hospital commissioner to become hospital director of the New York University-Bellevue Medical Center, Dr. Edward M. Bernecker submitted a detailed report of his administration of the city hospital department which was made public last month.

Recalling the serious nurse shortage that existed in the department three years ago, Dr. Bernecker reviewed the pay roll increases which added more than 2100 nurses to the staffs of city hospitals. At present, he reported, the department employs 10,500 nurses with minimum starting pay of \$2400 a year.

### SALARIES MUST BE RAISED

However, the report indicated there is still a shortage of nurses. Dr. Bernecker added that salaries of professional personnel in hospitals must be brought into line with those paid for comparable work elsewhere so the best talent available can be attracted to city hospitals.

The report noted a seriously overcrowded condition of the department's hospital facilities. The need for building new hospitals and rehabilitating existing structures was described as "enormous." Good hospital practice calls for a maximum of 80 per cent occupancy of available beds, Dr. Bernecker said, whereas municipal hospitals now have over 100 per cent occupancy with patients' beds located in halls, corridors and treatment rooms in many cases.

Hospital construction under way for the department includes a chronic disease and tuberculosis pavilion at Kings County Hospital, two cancer hospitals on which construction has just been started and hospitals for the aged sick and chronically ill at Welfare Island. These and other facilities are to be financed by a \$150,000,000 bond issue, it was reported.

Dr. Bernecker, who has been a member of the staff of the department since 1915 and hospital commissioner since 1942, concluded his report with an expression of appreciation for the interest in the department shown by Mayor O'Dwyer to whom his report was addressed. "The clinical care accorded patients in our hospitals equals, and in many instances excels, that of top ranking voluntary institutions," he said.



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## NEWS...

### 200 Illinois Health and Hospital Leaders Attend Special Midyear Meeting

CHICAGO.—Plans for an expanded, statewide program including support of state legislation of interest to hospitals, measures to alleviate the acute shortage of nursing personnel, and other activities were made at a special midyear conference of the Illinois Hospital Association in Peoria last month. More than 200 hospital administrators and other health leaders attended.

State legislation which the hospitals will seek in the forthcoming session of the general assembly includes a bill for licensing hospitals, an amendment to the nursing act which will lower the registration age for nurses from 21 to 20 years, and a return to the ten day requirement for registration of births, replacing the three day requirement enacted two years ago.

The association also urged further extension of voluntary prepayment hospital and medical service plans as the

best means of meeting the health needs of the public. Other resolutions urged adequate local, state and federal aid to provide hospital care for the medically indigent and pledged support to amendments to the federal Social Security Act to include hospital employees under the provisions for old-age and survivors' benefits.

With a view to bringing about constructive action to alleviate the present shortage of nursing personnel, the association instructed its committee on nursing to take immediate steps looking toward greater cooperation among the hospital association, state nursing organizations, the Illinois Medical Society, state department of registration and education, the state department of public health, and other interested agencies.

Among the measures suggested by conference speakers were shortening of the basic nursing course required for state registration, development of better training courses for nurse's aides and other auxiliary personnel in hospitals, the inauguration of vocational nursing courses in high schools, and the licensing of practical nurses. The association instructed its legislative committee to make a further study of the last named subject.

Reporting on a partially completed survey of nursing schools and nursing service, the committee on nursing stated that reports from fifty-six of the eighty-seven nursing schools showed that these schools had enrolled 500 more students in 1948 than in 1947. At the same time, fifty-six hospitals with schools and fifty-five hospitals without schools reported that they need at least 1562 registered nurses to make their staffs adequate.

### Reach 55 Per Cent of Goal

NEW YORK. — Approximately 55 per cent of the nearly \$3,000,000 goal of the 1948 United Hospital Fund campaign had been collected here last month, Mrs. Frank E. Adair, chairman of the women's division of the fund, announced.

The campaign goal this year was \$2,846,000, Mrs. Adair said, representing the total amount needed to meet the largest deficit in the history of the united campaign which provides funds for eighty-six voluntary hospitals in New York. Of the total amount, Mrs. Adair said, approximately \$1,600,000 had been raised at the end of the first two months of the drive.

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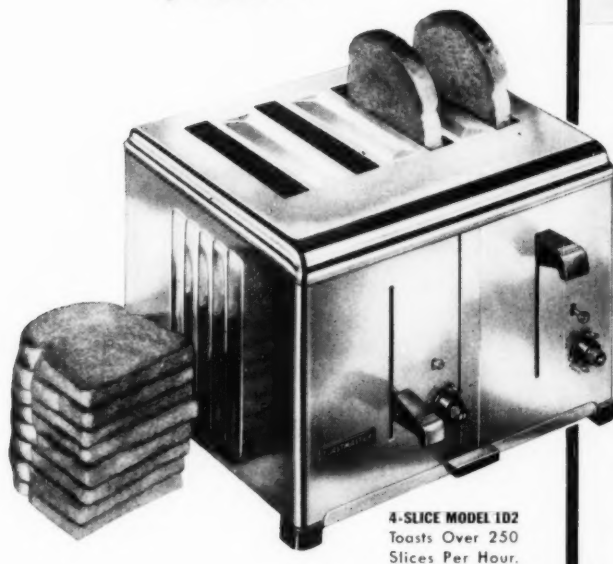
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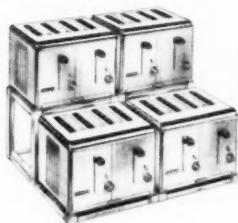


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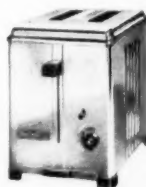


**FOR THE MAIN KITCHEN**

The 16-slice Model 4-1D2-D (left) is ideal for main hospital kitchens. That's because it has plenty of toasting capacity—pops up over 1000 slices per hour!

**FOR THE DIET KITCHENS**

The 2-slice Model 1BB-4 (right) is perfect for diet kitchens. It pops up over 125 slices of toast per hour. There are many sizes in between to fit every hospital need.



**WHETHER YOUR HOSPITAL** is large or small, you'll find "Toastmaster" Toasters are best suited to fit *all* of your toasting needs.

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## NEWS...

### Missouri Hospital Meeting Features "Diagnosis" and "Treatment" of Problems

ST. LOUIS. — A new twist featured the Missouri Hospital Association's annual meeting here last month when members attended a "diagnostic clinic" on a variety of hospital problems with Kenneth Williamson, assistant director of the American Hospital Association, serving as chief of staff. John R. Smiley, St. Luke's Hospital, Kansas City, Mo., reported on "the psychiatric

examination of the administrator"; trustee Harold C. Fechner of Missouri Baptist Hospital gave the "cardiologist's report on trustees"; H. J. Mohler, Missouri Pacific Hospital, reported on the condition of the admitting office and telephone service; Gertrude E. Copeland, Independence Sanitarium and Hospital, examined the supervisory staff, and C. Steacy Pickell, Kansas City General Hospital, gave a report of the condition of the auxiliary workers.

At the afternoon session, chief of

staff Williamson summarized the clinician's findings and turned the patient over to Dr. Earl Wolfe of the Institute of Labor and Industrial Relations, University of Illinois, for diagnosis and to prescribe treatment.

At the annual banquet, Ray F. McCarthy, former director of St. Louis Blue Cross and chairman of the Hospital Advisory Council to carry out the hospital survey for Missouri, was presented with honorary life membership in the association and a plaque in appreciation of his service to hospitals. Mrs. Josephine Yates Tisdell, former superintendent, Freeman Hospital, Joplin, also was made a life member.

Honor guest at the meeting was Mrs. Lloyd Markt of Oregon, Mo., chairman of the Holt County Home and Community Committee of the Missouri Farm Bureau Federation. Mrs. Markt told members how her committee had interested ninety-six Holt County girls in nursing careers during the year.

Inauguration of a free consulting service to assist new hospitals with planning, personnel and other problems was announced at a business meeting. Members of the association have agreed to give their time to assist new and existing hospitals solve practical problems and avoid costly errors in planning.

Mrs. Mabel H. Mooney, Levering Hospital, Hannibal, was installed as president at the close of the meeting. President-elect is Clinton F. Smith, City Hospital, St. Louis; first vice president, C. Steacy Pickell, Kansas City General Hospital, Kansas City; second vice president, Herbert S. Wright, Southeast Missouri Hospital, Cape Girardeau; treasurer, Rev. E. C. Hofius, Lutheran Hospital, St. Louis. New trustees are Armelda M. Harris, Woodland Hospital, Moberly, and Elizabeth Martin, Children's Mercy Hospital, Kansas City.

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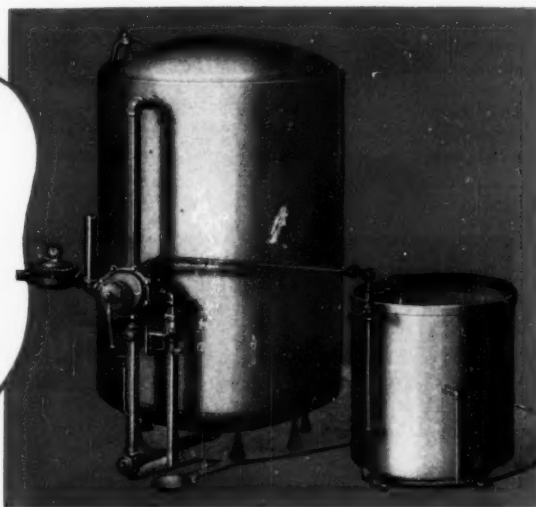
HUNTINGTON LABORATORIES, INC.  
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### \$300,000 for Building Fund

McKEESPORT, PA.—A gift of \$300,000 to the building fund of McKeesport Hospital here was announced last month. The gift was made by Mrs. E. R. Crawford, widow of a McKeesport industrialist who was a member of the hospital board, William A. Hacker, administrator of the hospital, said. The hospital has raised \$1,100,000 for construction of a new building, it was reported.

# 21,000 EXTRA GALLONS of soft water per regeneration!

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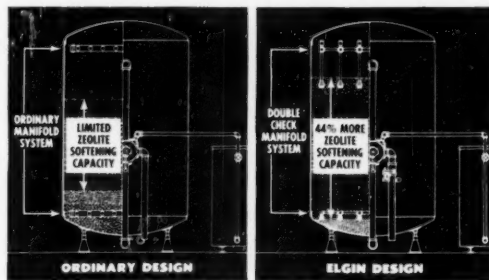


**There's no secret about it!** The drawings show the big improvement in the Elgin Water Softener that does the trick . . . gives you up to 44% more soft water . . . for example, 21,000 more gallons per regeneration from a 42" x 72" softener handling ten-grain water than is delivered by the ordinary water softener.

This basic improvement is the Elgin "Double-Check" arrangement. It's one of those why-didn't-someone-think-of-it-before ideas—a manifold arrangement which prevents the escape of zeolite under all operating conditions. By so doing it permits a far deeper bed of zeolite in a softener of given size, and of course more zeolite means more soft water output. Also, by preventing zeolite loss, a higher backwash rate is made possible. This cleans and opens up the zeolite bed thoroughly—means better and quicker regeneration with less salt consumption.

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And note this: Existing softeners, regardless of make, can be modernized by Elgin to incorporate the features and advantages of this "Double-Check" design.



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**Whatever your water conditioning problem Elgin has the answer!** While the Elgin "Double Check" Softener represents the zeolite water softener at its best, it is not the answer to every water conditioning problem. Such is the scope of Elgin equipment and methods, however, that we are in a position to give you an unprejudiced recommendation covering your particular needs. One of our district engineers would like to show you how we can solve your problem. No obligation whatever.



**Ask for this new bulletin!**—It describes the design and advantages of this revolutionary water softener.

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## NEWS...

### Radiologists Discuss New Speed-Up Technic; Safe Levels of Radiations

SAN FRANCISCO. — An operational speed-up which may permit x-ray surveys of all visceral areas of the body in about one hour and reduce the cost of examining patients was described to the Radiological Society of North America at a meeting here last month.

Dr. Cesare Gianturco of the Carle Hospital Clinic, Urbana, Ill., described the new technic as practical only in a

large medical building with a staff of thirty or more physicians. In such a center, he said, it contributes materially to the reduction in the time needed for a thoroughgoing diagnostic examination from four days to a day and a half. Instead of seeing certain patients several times on successive days, the radiologist makes all tests on one day in a forty-five minute period. Dr. Gianturco reported.

The survey consists of x-ray and fluoroscopic examination of the chest,

esophagus, stomach, the whole of the intestinal system, the gallbladder and the kidneys, it was explained. The rapid survey is made possible by careful planning of the examination, the presence of an adequate staff of technicians, and sufficient volume of examinations to make it economically sound.

Dr. Gianturco said the extensive radiological surveys are undertaken, along with laboratory tests and consultations with specialists, in cases in which the symptoms do not present a clear-cut picture of the cause of the disease.

Dr. Gianturco said the survey method often helps physicians to learn whether or not the patient is suffering from more than one disease, whereas if no survey is undertaken a second condition may be overlooked after the first is found.

"Good medicine today depends upon the integration of clinical investigations and laboratory procedures," Dr. Gianturco said. "This was recognized many years ago when the Mayos sought to consolidate in one general examination the analytical findings of the laboratories with a truly clinical study of the patient.

"It is in such a field that radiology finds its most satisfying results. During the course of a general examination, roentgen procedures do not remain isolated but are indeed a projection of the hands, eyes and ears of the physician. The search is not limited to a single organ or to a single disease but often extends to all the viscera and seeks to discover all the pathology accessible to the roentgen ray."

Scientists have much to learn before they will know the precise radiation dose which can be safely tolerated by the human body in daily exposures over a long period of time. Dr. Leon Jacobson of Chicago stated in another paper at the Radiological Society meeting. Presenting research on animals and on human subjects working on a wartime plutonium project, Dr. Jacobson called for further research which would give a "firm biological basis for a permissible dose" of radiation.

The great variation in the blood constituents in individuals, the inaccuracy of modern methods for measuring these constituents, and the individual physiological variation from hour to hour and day to day made it almost impossible, Dr. Jacobson said, to interpret fluctuations possibly resulting from either acute or chronic radiation exposure.

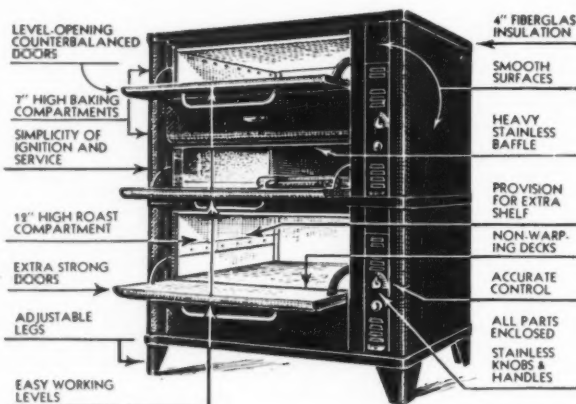
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**Nurse Cowger:** Here's one time it's a shame Kellogg's Individuals are so *quick* and easy to serve! After all, how often does a nurse get a chance like this—he's such a swell guy.



**Dietitian Bradley:** I love to plan breakfasts around Kellogg's cereals. Kellogg's wide assortment lets each one pick his special treat. They're so thrifty and easy to handle, too!



**Grand Nutrition:** All Kellogg's cereals either are made from whole grain or are restored to whole grain nutritive values of thiamine, niacin, and iron. Grand nutrition . . . *plus* Kellogg flavor!

Be sure your wholesaler salesman keeps your assortment of Kellogg's complete at all times.

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## NEWS...

While a large amount of information is being amassed from animal studies on blood changes caused by radiations, particularly on large doses which cause serious damage, evidence on any changes which may accompany low level doses is still inadequate, he concluded.

### Murray Predicts Passage of National Health Bill

WASHINGTON, D.C. — A national health bill including compulsory health

insurance will be passed by the 81st Congress, it was predicted here last month by Senator Murray of Montana, co-sponsor of the bill which has been presented annually for several years. In an Associated Press dispatch, Senator Murray was quoted as saying that election results plainly show the people of the country want a national health program.

Furthermore, Senator Murray said, "the decision of the American Medical Association to raise a \$3,000,000 politi-

cal fund to oppose the plan openly should help our case in the public mind." A new bill will be presented to the Congress promptly after it convenes in January, Senator Murray said. "The doctors will get a full hearing again before committees," he declared. "Actually, the plan would not change present personal and individual relationships between doctors and patients. It merely would remove the financial worry about paying these bills."



## "I'd rather not discuss my past—

**But...** I feel it will help hospital administrators to know why I left my former connection. Frankly it wasn't that the odors were bad. I expected them. But the trouble was that nothing was done to correct the odors. I like the hospital where I work now because it doesn't smell like a hospital. It's odor free and fresh and believe me, we nurses appreciate it."

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### Promise of 400 Beds for Care of Tuberculous Averts Walk-Out by N.Y.C. Nurses

NEW YORK.—Addition of 400 beds to the city's facilities for hospital care of tuberculosis was promised last month by Dr. Edward M. Bernecker, commissioner of hospitals, following a conference with nurses at the city-operated Bellevue Hospital. The conference was called when a group of Bellevue nurses threatened to resign unless immediate steps could be taken to terminate extreme congestion in tuberculosis wards at the hospital, it was reported.

Steps to be taken looking toward relief of pressure on tuberculosis facilities, according to Dr. Bernecker, will include transfer to the hospital department of a camp which should provide accommodations for several hundred patients; conversion of a 200 bed general hospital operated by the city to tuberculosis care; an increase from \$5 to \$7.50 a day in the rate paid by the city to private hospitals for the care of patients with tuberculosis, which should add an estimated 200 beds to the private hospital facilities used for city patients, and transfer of present tuberculous patients to other facilities in city hospitals wherever possible.

The foregoing emergency measures must be supplemented by construction of additional hospital facilities in order to provide permanent relief of the congestion problem, Dr. Bernecker acknowledged. He estimated that the city needs an additional 5000 beds for tuberculous patients alone.

The Bellevue conference was held following circulation of a letter signed by nurses assigned to tuberculosis wards complaining about conditions which have necessitated care of many patients in cots located in the hospital corridors.

No mention of the threatened walk-out of nurses was made at the conference, however, it was reported.

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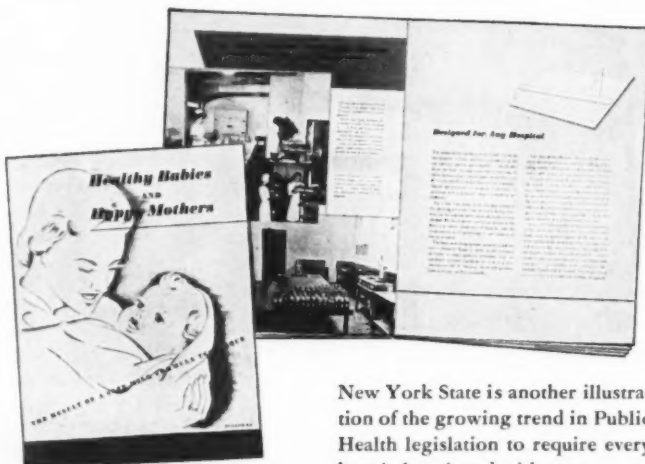


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Castle pioneered the research and development of this technic in which terminal sterilization under pressure eliminates any contamination which might have occurred in the preparation . . . and safeguards the formula from sterilizer to infant.

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\*Sanitary Code, promulgated under the Public Health Law, Chapter II, Regulation 35.

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## NEWS...

### Pharmaceutical Award for 1948 Is Presented to National Institutes of Health

NEW YORK.—The 1948 award of distinction of the American Pharmaceutical Manufacturers' Association was given to the National Institutes of Health—research arm of the U.S. Public Health Service—it was announced at the association's annual meeting here last month. Dr. Rollo E. Dyer, director of the institutes, accepted the award, which was given in recognition of the institutes' "great contributions to public health through fundamental medical research for the profound benefit of mankind."

In his acceptance address, Dr. Dyer said there is need for greater emphasis on fundamental research in all the sciences. "We have had notable success in applying the fundamental discoveries of scientists in other countries," he said, "but the time has come when we can no longer rely on the basic research of others. We must build up our own." Dr. Dyer outlined research programs now in progress under the sponsorship of the National Institutes of Health which comprises separate institutes for study of cancer, heart disease, mental health, experimental biology, microbiology and dental research.

Other speakers at the meeting included Dr. Ernest E. Irons, president-elect of the American Medical Association, who presented the award of distinction; Dr. Austin Smith, secretary of the Council on Pharmacy and Chemistry; Dr. C. P. Rhoads, director of Memorial Hospital, New York, and Dr. Theodore G. Klumpp, president of the American Pharmaceutical Manufacturers' Association.

### Illinois Accountants Elect

CHICAGO.—Charles F. Warfield, chief accountant at Alexian Brothers' Hospital here, was elected president of the American Association of Hospital Accountants, Illinois chapter, at a meeting of the association held Nov. 15, 1948. Frederick T. Muncie, C.P.A., president of the national organization, presided at the meeting.

Lela M. Wright, business manager for Evanston Hospital Association, was elected vice president and Bertha R. Judson, chief accountant for Woodlawn Hospital, was elected secretary-treasurer of the Illinois chapter.



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### 1/8" MICARTA SHEET

This form is the type used as a "work surface" by those who have the necessary bonding equipment, and is incorporated into table tops or counters for:

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Kitchen sinks  
Laboratories  
Laundries  
Lunch rooms  
Prescription counters  
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**Sizes** 30" x 84"  
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36" x 72" 48" x 96"

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Toilets  
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Walls  
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And as kick plates and push plates

**Size** 48" x 96"



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Blue  
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Green  
Yellow  
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**FINISHES** All colors and all types of Micarta are supplied in highly polished mirror-finish or in satin finish.

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Have you thought Micarta® as useful *only* for table tops and counter tops? If you have, consider how this bright easy-to-clean plastic laminate is widely used *throughout* Modern Hospitals and Institutions: in main kitchens, pantries, diet kitchens, operating rooms, dispensaries, bathrooms, toilets, corridors, elevator cars, heavy-duty counters and scores of other places.

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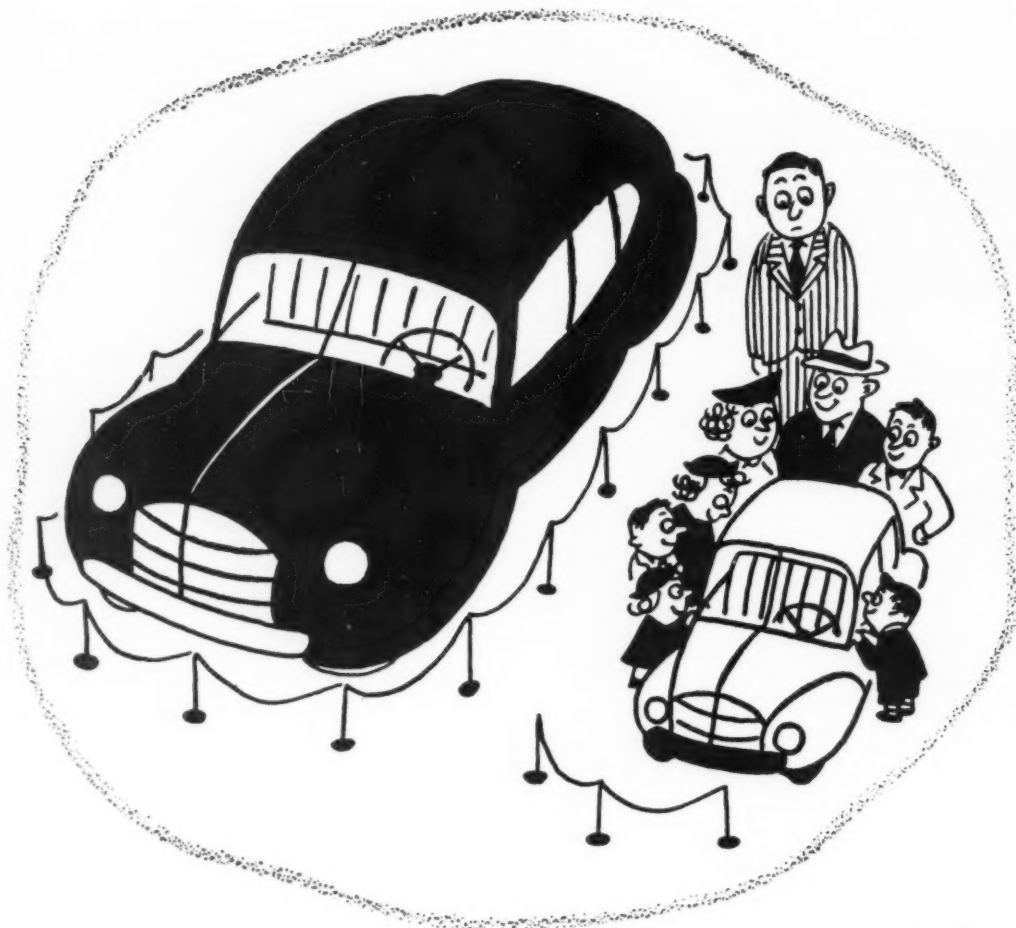
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**Wyandotte Keego\*** is designed especially for washing dishes and glassware by machine. It does an excellent job in even the hardest water. Keego is free-rinsing, non-corrosive to machine parts and helps prevent scale formation in the machine.

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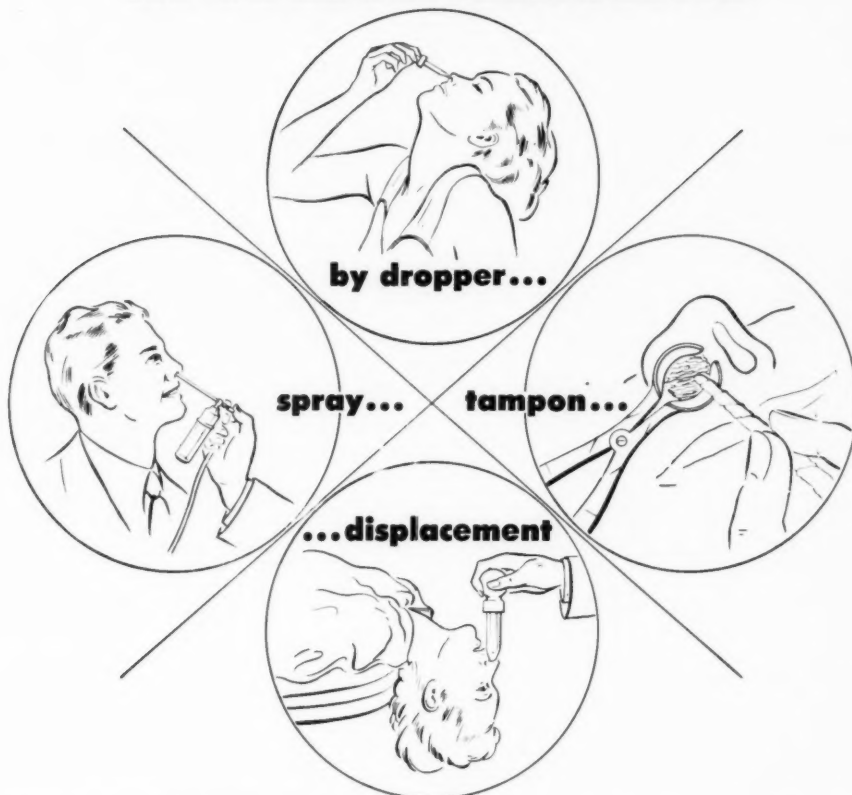
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## NEWS...

### Introduce X-Ray Movie Apparatus at Meeting of Radiology Society

SAN FRANCISCO.—An x-ray movie apparatus said to hold promise for clinical use in many fields, as well as for medical education, was demonstrated here last month by members of the department of radiology of the University of Rochester School of Medicine, Rochester, N.Y. The new development was presented at the annual meeting of the Radiological Society of North

America by Dr. George H. Ramsey, Dr. James S. Watson Jr., Dr. John J. Thompson, Frank Dreisinger and Sydney Weinberg, all of whom collaborated in its development at the university.

The high exposure to radiation required for the taking of x-ray movies has hitherto been too great to permit general use on patients, and the image obtained was not good enough to be of comparable value to regular radiography and fluoroscopy, the investigators explained. With the new apparatus, ef-

fort has been directed toward limiting the x-ray dosage received by the patient. This is accomplished by synchronization of the x-ray output with the camera movement, so that the patient receives radiation only when the film is being exposed.

"We feel that with the recent improvements made in cinefluorography we have a tool that will greatly extend the value of x-ray in medicine, affording a permanent record of rapidly moving body activities—something which the profession has long needed," Dr. Ramsey said. He outlined some of the advantages of the new cinefluorography equipment as follows:

It permits a more careful study of organs and skeletal structure in motion. Among the many applications are swallowing, joint motion, as in arthritis, the movement of an x-ray opaque contrast medium through the arteries and veins, heart motion, obstructions in body passageway, fitting of prosthetic or artificial limbs, and the progress of physical therapy in restoring limb functions.



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Adaptability is a quality associated with honest craftsmanship. As the architect plans his structure to harmonize with the terrain, and the tailor cuts his cloth to the individual measurement, so must a fund-raising firm be prepared to offer its clients methods of campaign procedure flexible enough to meet all contingencies.

B. H. Lawson Associates possesses this quality of adaptability to a great degree. We have one commodity to sell and that is service. But it is service of a special kind.

Our staff of Campaign Directors are not limited to one stereotyped procedure. They have learned the all-around craftsmanship which comes only from long training in every phase of fund-raising work.

Our permanent staff of men, trained in every aspect of campaigning, pride themselves upon our unique method of campaign direction which may be modified to suit the needs of every group. Our specialty is not only the small hospital campaign for a few hundred thousand dollars, or the hospital drive for several million. We specialize in all difficult jobs.

No campaign is undertaken by B. H. Lawson Associates without a preliminary survey of the area of solicitation. A representative then visits the area and ascertains the quality of leadership available and the interest shown in the proposed campaign by the community. When every factor necessary for success has been investigated, then, and only then, is a plan of procedure established, scaled to the size of the undertaking and tailored to the community need.

You are cordially invited to investigate our services. A copy of our informative brochure, "Your Appeal to the Public," will be made available upon written request to Department F-1.

## B. H. Lawson Associates

INCORPORATED

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### Management Institute Scheduled by A.H.A.

CHICAGO.—The American Hospital Association has announced an institute on management and operating procedures for the dietary department, to be held in Biloxi, Miss., March 14 to 18.

The program has been planned to "help management meet its responsibility in promoting human efficiency and maintaining good standards of operation," the announcement stated. Ideas and practical methods to help provide satisfactory service to patients will be discussed.

Faculty members will speak on such subjects as recommendations for operating the infant formula room, diet therapy, achieving quality food production and service, selection and training the worker for productivity, and development of better supervision through training.

Persons having administrative positions in the hospital, hospital dietitians and other employees concerned with dietary problems are eligible to attend the institute if they are personal members of the American Hospital Association or are employed by member hospitals, it was explained.

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## NEWS...

### Administrators, Architects in Southern States Schedule Hospital Planning Meeting

WASHINGTON, D.C. — Hospital and architectural groups in the South will join with state hospital agencies in conducting a conference on hospital planning and construction at Biloxi, Miss., May 19 to 21, it was announced here last month. Sponsoring organizations include state architectural societies and hospital authorities, colleges of architecture and state hospital associations in

Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia and West Virginia.

In connection with the conference, the sponsoring agencies have announced an architectural competition for students at the participating architectural schools. Each school will submit its three best projects which will be judged during the conference, it was explained. Prizes totaling \$500 will be awarded to winning competitors.

Thomas Creighton, editor of *Progressive Architecture*, will serve as professional adviser in the competition. Edward Stone, New York architect, is chairman of the jury.

The three-day program will feature lectures and discussions covering every phase of hospital planning from determining community needs for hospital facilities to detailed phases of design and construction, the announcement said.

Featured on the program will be a banquet address by Frank Lloyd Wright, it was announced. Other speakers include many of the best known medical, hospital and architectural authorities from all parts of the country.

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### Increase Payments to Two Hospitals for Welfare Cases

ST. JOSEPH, MO. — Welfare patients at the Missouri Methodist and St. Joseph's hospitals here will be paid for at a new rate of \$9.51 a day after January 1, Dr. O. J. Carder, administrator of the Methodist Hospital, and E. A. Thomson, manager of St. Joseph's Hospital, announced last month. The new rate is an increase from a previous rate of \$4.50 a day and is figured on the federal reimbursable cost formula, it was explained.

The increase came following negotiations with welfare board officials during which the hospitals were able to demonstrate losses of thousands of dollars each on welfare patients during the last year, the administrators said.

"Missouri Methodist and St. Joseph's hospitals are not supported by the community," they declared in a joint statement published in local newspapers. "Neither hospital receives support from public funds. The rate charged must be sufficiently large to meet the cost of operation.

"There isn't any such thing as 'free service.' Someone must pay for that service. It is paid by the individual or by public funds or by the hospital itself. If a group of patients is served by a hospital on a basis lower than the cost of caring for those patients, the hospital necessarily must get its money from sick people whom it serves in private rooms at higher rates.

"Hospitals and doctors of this city have been carrying the load of welfare service for the city and county in an amount which approximates \$100,000."

# *The Importance of Protein Adequacy in Diabetes Mellitus*

It appears in the light of recent experience that the daily protein requirement of the diabetic has been underestimated and calls for an upward revision.

The success obtained in diabetic retinopathy from the use of high protein diets emphasizes the deleterious possibilities of hypoalbuminemia in this metabolic disease.

In view of the excellent results observed from a high protein intake, in many forms of hepatic disease, a dietary rich in protein is suggested as a therapeutic measure in the management of liver enlargement, one of the frequent complications of diabetes.<sup>1</sup> Since impaired liver function reduces the efficacy of insulin, prevention of liver enlargement by a liberal allowance of protein in the daily diet of the diabetic appears an important factor in the control of this disease. With an estimated 2,000,000 diabetics in the United States<sup>2</sup> every benefit achieved in this field makes itself felt on a truly large scale.

Meat is an outstanding source of protein in the dietary of the patient with diabetes mellitus for these reasons: It is notably rich in protein, from 17 to 20 per cent of its uncooked, and from 25 to 30 per cent of its cooked weight. The protein of meat, regardless of cut or kind, whether fresh, cured, or canned, is biologically complete. All meat is of excellent digestibility—from 96 to 98 per cent. Furthermore, meat ranks with the best sources of B vitamins, potassium and phosphorus, all of which are essential factors in the metabolism of carbohydrate.

<sup>1</sup> Nutrition in Diabetes, Nutrition Rev. 6:257 (Sept.) 1948.

<sup>2</sup> Diabetes and Arteriosclerosis in Youth, Editorial, J.A.M.A. 135:1074 (Dec. 20) 1947.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



**American Meat Institute**  
Main Office, Chicago...Members Throughout the United States

## NEWS...

### Army Nurse Recruitment Program Gets Under Way

WASHINGTON, D.C.—A nationwide army nurse procurement program jointly sponsored by the American Nurses' Association and the army surgeon general's office got under way here last month at a conference attended by officials of state and national nurses' associations, chief nurses of the six army area headquarters, and civilian advisers to the army nurse corps reserve. The procurement program is

being put into effect because of the army's need for nurses in sufficient numbers to give adequate care to the new inductees who are being drafted into the armed forces, it was explained. According to latest estimates, the army and the air force are short 3800 nurses, who must be recruited by June 30, 1949.

Nurses' associations in all parts of the country are joining in the procurement program to obtain nurses on a voluntary basis, a civilian nursing official stated. "Cooperation between the

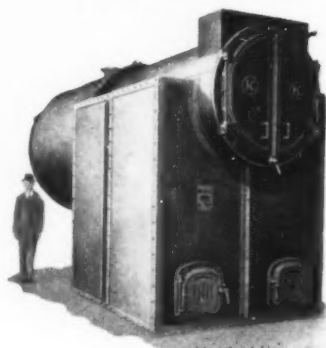
A.N.A. and the army," she emphasized, "assures adequate nursing care for both civilians and soldiers. The A.N.A. has prepared a plan for procuring nurses on a quota basis by states in order that no area will be stripped of its nursing force."

Any registered professional nurse between the ages of 21 and 45 is eligible to apply for a commission in the army nurse corps reserve provided she agrees to serve for at least a period of one year, it was explained. Nurses who are interested in volunteering for military service were urged to inquire at the office of the nearest district nurses' association for information and assistance.

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### Watch Narcotic Supplies, Hilleboe Warns Hospitals in New York State

ALBANY, N.Y. — Hospitals, doctors and pharmacists were warned to take greater precautions in guarding their narcotic supplies by Dr. Herman E. Hilleboe, state health commissioner. Dr. Hilleboe said that there had been more than twenty major thefts of narcotics from New York State hospitals during the last year. The thefts occurred in New York City, Buffalo, Troy, Syracuse, Rochester, Schenectady and Jamestown, it was reported.

"Too many hospitals regard narcotic drugs only in the light of their legal value," Dr. Hilleboe said. "They fail to realize that underworld prices on morphine and cocaine are reportedly more than one hundred times their legal value." For example, Dr. Hilleboe said, one ounce of cocaine, for which a hospital might pay \$15, might bring "a phenomenally exaggerated price" in illicit drug traffic.

To meet the need for added precautions, Dr. Hilleboe recommended:

Prompt installation of suitable storage facilities.

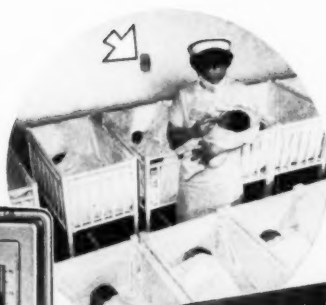
Adequate protection for doors and windows leading to hospital pharmacies and drug stockrooms.

Minimum inventories of narcotic drugs.

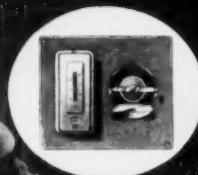
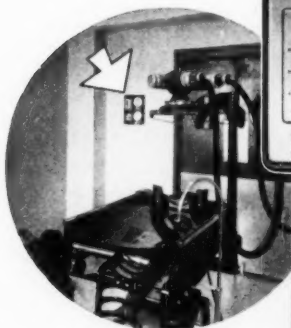
Use of a distribution system which would return working drug stocks to protective storage when the drugs are not in active use.

Measures to guard against overstocking at supply points in the hospital.

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## NEWS...

### New York Leaders Draft Legislation Providing for Care of Alcoholics

NEW YORK. — Legislation providing for recognition of alcoholism as a disease and furnishing facilities for the rehabilitation of alcoholics has been drafted jointly by special committees representing the New York Academy of Medicine and the bar association here, it was reported last month. The bill has been prepared for introduction into the state legislature at its coming session.

The proposed legislation is an amendment of the existing state mental hygiene law which would provide facilities for the treatment of chronic alcoholics and compulsive drinkers by establishing hospitals, clinics and farms under state authority.

The bill also provides for voluntary admissions of alcoholics to approved institutions, the report said. "The problem of alcoholism has not been covered by adequate statutory law," the joint committee declared. "Such statutes as have

been enacted have been piecemeal, incomplete and have not been drawn with any medical or scientific approach to the problem. It has become obvious that there is an urgent necessity for the revision of present laws and statutes. Any legislation in this field must necessarily be experimental in nature and only experience and results will tell whether the bill will be able to provide the criteria by which the legislation will be finally judged," the committee concluded.



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### Announce Institute Dates for Nurse Anesthetists and Accounting Personnel

CHICAGO. — Institutes for nurse anesthetists and on basic accounting and business office procedures will be conducted by the American Hospital Association in February, according to a headquarter's announcement. The nurse anesthetists' group will meet February 7 to 11 in New York City, where members will have an opportunity to participate in anesthesia clinics in various hospitals, it was explained. Students will also study the effects of selected drugs on the respiratory and circulatory mechanism and review current practice in all aspects of anesthesia.

The institute on basic accounting and business office procedure will be held at Atlanta, Ga., February 21 to 25, the announcement said. Planned for hospital administrators, accountants and business office personnel, the program will include discussions of the theory of accounts, inventory control, pay roll, admissions and collections, financial statements, and public and personnel relations.

An institute on public relations tentatively scheduled for March has been postponed until later in the year, it was announced.

### Buys New Hospital Site

PHILADELPHIA.—The Lankenau Hospital here has announced its purchase of the Overbrook Golf Club as a site for a new hospital, D. E. Gay, director of the hospital, reported. "It is the intention of the board of trustees of the hospital to erect a complete health center, including a nurses' home, doctors' office building, power plant and other essential facilities," the report said. The capacity of the hospital will probably be about 300 beds, it was estimated.

The MODERN HOSPITAL



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Two views of the compact GAS Kitchen, showing  
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Providence Hospital, Beaver Falls, Pennsylvania, is one of those establishments in which GAS has been in continuous use since the founding in 1909. Through two successive expansions Gas Equipment has been chosen. During the latest construction, in 1946, hospital execu-

tives selected modern Gas Cooking Equipment to supplement existing facilities. In the staff cafeteria and the service kitchens the hospital uses the following volume cooking tools:

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Chef Harry Ganoe, whose experience was gained in restaurant and hotel service as well as in institutional kitchens, says, "I've used Gas Cooking Equipment for many years and have always depended on GAS for volume food preparation. Efficient operation of our Providence Hospital Kitchen is my big job and the cleanliness and economy of GAS are mighty important factors."

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## NEWS...

### Safety Council and Hospitals Work Together on Program of Accident Prevention

CHICAGO. — An accident prevention program for hospitals is being worked out cooperatively by the National Safety Council and the council on planning and plant operation of the American Hospital Association, according to an association release.

For a \$5 annual fee paid to the National Safety Council, member hospitals may get monthly supplies of posters,

safety instruction cards and other safety program materials, it is expected. They will also receive a safety newsletter edited by Dorothy Pellenz of Crouse-Irving Hospital, Syracuse, N.Y., and published by the council, it was explained.

The newsletter will include directions for the establishment of safety committees in subscriber hospitals and suggestions for their programs. Other news and ideas will be furnished to Miss Pellenz by regular correspondents and

hospital administrators over the country, the announcement said.

So that the national statistics may be compiled for analysis of safety problems and measuring of program results, subscribing hospitals will be able to furnish the National Safety Council with monthly reports on all accidents in their institutions.

### Dewey Announces Plan for N.Y. State Medical Center

ALBANY, N.Y.—An upstate medical center specializing in the treatment of chronic illnesses and research in the causes of chronic disorders is planned by Gov. Thomas E. Dewey, it was reported here last month. Especially, the report said, the chronic disease center would be devoted to care of patients with heart disease, cancer, arthritis and other conditions characterized by Governor Dewey as "neglected" under present facilities and programs.

In the state health commission report of 1947, five regional hospital centers for the chronically ill were recommended at a total cost of \$9,000,000 and with estimated annual operating costs exceeding \$2,000,000.

### South Shore Hospital Starts New Construction

CHICAGO. — Construction of a four-story, \$850,000 addition to the South Shore Hospital here was undertaken last month, Robert D. Fitch, administrator, announced. The addition is part of a \$1,000,000 expansion program.

The new structure, which will treat general medical, surgical and obstetrical cases, will house four new operating rooms, two delivery rooms, four labor rooms — all air conditioned — and six nurseries, it was explained. It will also provide the hospital with enlarged diagnostic, x-ray, laboratory, pharmaceutical and emergency facilities, in addition to containing its own laundry, heating plant and staff offices.

Architects for the new building are Fugard, Burt and Wilkinson.



Addition to South Shore Hospital.

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## NEWS...

### New York Council Reveals Loss Sustained by Outpatient Departments

NEW YORK.—Approximately one-third of the operating deficit of a general hospital which maintains an outpatient department is due to the loss sustained in the operation of the outpatient service, the Hospital Council of Greater New York reported in its *Bulletin* last month. The council reported that expenses for forty-nine voluntary general hospital outpatient departments

increased from \$3,590,000 to \$7,570,000 from 1937 to 1947. Although the outpatient income increased materially, the total income was only \$3,160,000 for 1947. The operating deficit of the outpatient service in these hospitals in 1947 totaled \$4,410,000, the *Bulletin* reported.

"Except for payments from the department of welfare for drugs provided persons on relief, the only source of operating income in the outpatient departments of voluntary hospitals in

New York City is fees from patients," the council said. "Inasmuch as these facilities have limited their services to the medically indigent, the amount which can be collected from patients is relatively small," it continued.

The report indicated that, from 1937 to 1947, the cost per visit rose nearly 160 per cent, from \$1.09 to \$2.82. The income per visit increased nearly 140 per cent, from \$0.49 to \$1.17. The average loss incurred for each visit thus increased from \$0.60 to \$1.65, or 175 per cent, it was explained.

The city does not pay voluntary hospitals for the care of the indigent sick in outpatient departments, as it does for city charges when they are cared for in the hospital's wards. "The same situation pertains in relation to insurance plans, particularly the Blue Cross, which do not pay for care in outpatient departments," the council stated. "When payments to hospitals on behalf of public charges or subscribers to insurance plans are for inpatient service only, there is undoubtedly a tendency for patients to seek bed care although they could be treated on an ambulatory basis," the council added.

With the cost of inpatient care rising, recognition of the importance and desirability of treating patients on an ambulatory basis has become a financial necessity, the report emphasized. Hospitals were urged to extend and improve this service and thus reduce expenditures for hospitalization by reducing "unnecessary hospital admissions, with their high cost to the community."

The council offered several suggestions to improve outpatient service. Many outpatient departments have been organized in such a way that "the patient must go from one clinic to another, with trips in between to the cashier and possibly the x-ray department," it was pointed out. It was suggested that the department be organized in such a manner as to enable the patient to be examined by several specialists on the first visit. The cost of such a visit would be more than the average cost of the present type of clinic visit, but, on the other hand, the council maintained, "such a development would be in the direction of providing a more complete service for the community at a lower total cost to the public than at present."

Other ways in which the service could be improved as recommended by the hospital council are: hours corre-



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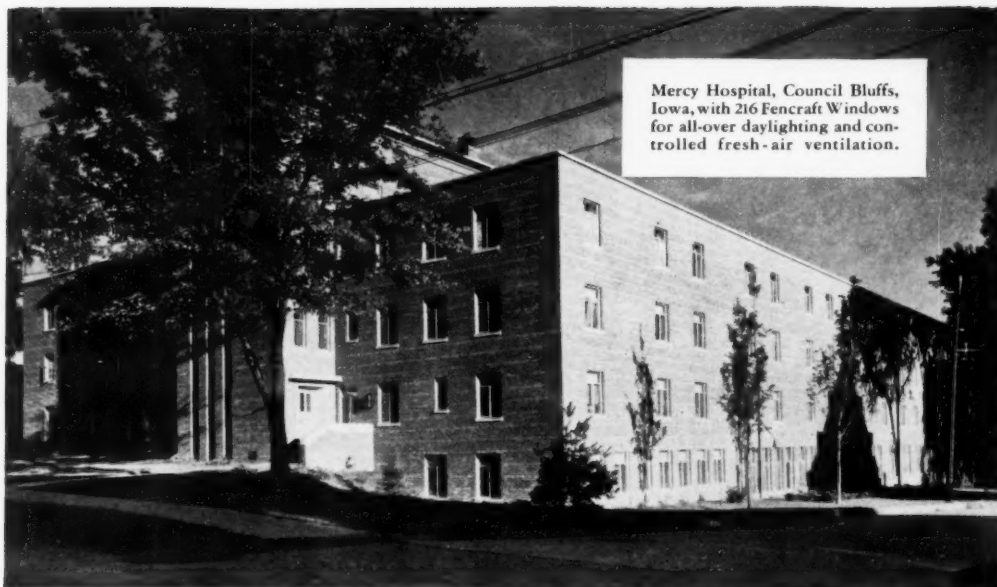
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**NEWS...**

sponding better to the needs of working people; coordination of the inpatient and outpatient services of the hospital and the establishment of a unit record system.

In addition, "hospitals should make every effort to organize their outpatient departments so that the waiting time of patients is reduced," the *Bulletin* concluded.

**Maryland Court Rules  
Hospitals Immune From  
Damage Suits**

ANNAPOLIS, MD.—A Maryland court has ruled that charitable hospitals may not be sued by patients under any circumstances, it was reported here last month.

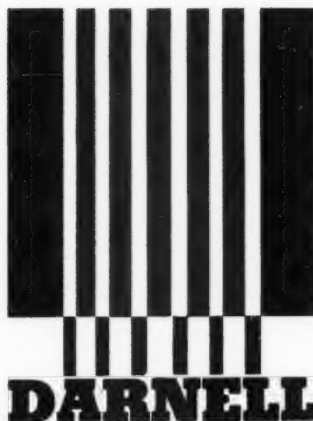
In a suit brought by a former hospital patient who claimed serious injury due to negligence of a hospital orderly, the Maryland court of appeals upheld the earlier decision by a Baltimore superior court dismissing the suit. "The principle that charitable corporations are free from tort liability has long been a basic part of the law of this state," the court of appeals said. "To withdraw immunity from this type of corporation at this time would be an act of judicial legislation in the face of a contrary policy declared by the legislature itself."

Interpreting the decision, lawyers here were reported as believing that if suit cannot be brought against a charitable hospital under a tort action, providing for the collection of damages for a legal wrong, no suit at all can be brought against such corporations.

**Organizes Accountants' Club**

WASHINGTON, D.C. — Dr. Louis Block, acting chief of the office of hospital services, Division of Hospital Facilities, U.S. Public Health Service, announced the formation of an organization for the exchange of ideas and technics among hospital accountants, here last month. The new organization will be known as the "Accountants' 52 Club" and will include fifty-two members who are hospital accountants, business managers, comptrollers, credit managers, consultants and public accountants specializing in hospital work, Dr. Block said.

Rules of the new organization provide that each member shall submit one procedure or article at some time during the year, it was reported.



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## NEWS...

### Garfield Cuts Admissions of Patients Financed by Community Chest

WASHINGTON, D.C. — A drastic cut in admissions of charity patients whose care is financed by Community Chest funds was announced by the Garfield Hospital here last month. The hospital closed a total of eighty-six beds ordinarily occupied by such patients, it was reported. A recent census indicated that fewer than twenty patients in the hospital were being cared for under the

hospital service agency agreement certifying patients for Community Chest aid. Previously, the daily total of such patients had been eighty or more, it was explained.

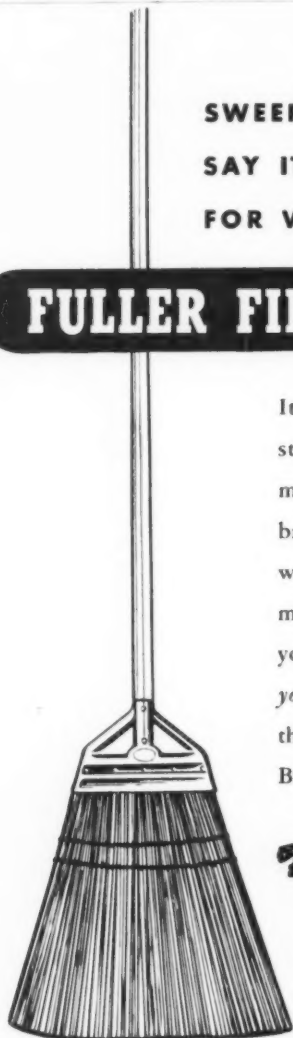
Hospital officials stated the limitation was made necessary as the only alternative to closing the hospital entirely on account of serious financial losses in caring for service agency patients.

Officials of the Community Chest and its hospital service agency were reported as claiming that hospitals refused to

accept agency certification of welfare patients and insisted instead on certifying patients themselves. Willard C. Smith, director of the hospital agency, stated that the agency would not accept responsibility for patients unless it was given the opportunity of certifying them. Robert P. Bryant, executive secretary of the hospital council, said that hospitals in the capital area regretted this action by the service agency. "The hospital council has indicated its willingness to sit down and discuss our problem," Mr. Bryant said.

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### N.Y. Health Department Proposes System of Clinics

NEW YORK. — A citywide system of diagnostic clinics for early detection of cancer, heart disease, diabetes, tuberculosis and mental ailments has been proposed by the health department here, and the board of estimates last month allocated \$2,500,000 to implement the plan. An additional \$2,500,000 is sought by the hospital department to inaugurate its proposed system of home care for patients removed from city institutions but still needing treatment.

The new diagnostic service will be put into operation as soon as the necessary physical facilities and equipment can be prepared, it was reported. The first clinic in the system is expected to be in operation within a few weeks, according to the health department.

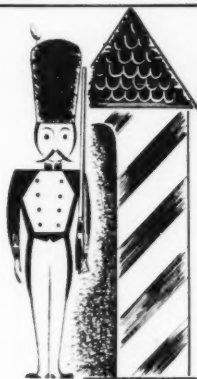
Under the diagnostic plan, a bureau of adult hygiene will be created to establish the clinics, where periodic health examinations will be given and special diagnostic facilities will be available for patients needing electrocardiograms, basal metabolism tests, x-ray, tissue examinations and other procedures.

### Hillman Heads Florida Group

JACKSONVILLE, FLA.—Dr. C. C. Hillman, administrator of Jackson Memorial Hospital, Miami, was named president-elect of the Florida Hospital Association at the association's annual meeting here last month. H. Louie Wilson, Alachua County Hospital, Gainesville, Fla., took over the presidency during the meeting.

Other officers named were Norman Losh, Orange Memorial Hospital, Orlando, treasurer, and H. A. Schroeder, Florida Hospital Service Corporation, Jacksonville, secretary.

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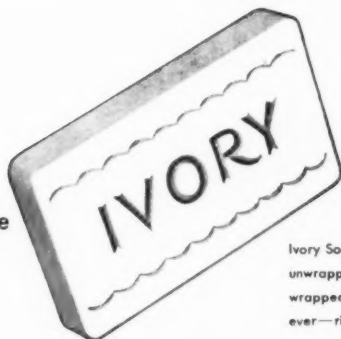
Doctors consider the skin, physiologically, as one of the body's most important mechanisms...deserving of the best care. And hospital authorities are in thorough agreement on this point, as is evidenced by the extreme care exercised in selecting a soap for patient use. The widespread use of Ivory Soap in American hospitals indicates plainly that Ivory meets the modern hospital's exacting needs.

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## NEWS...

### Social Security Official Estimates National Nurse Shortage at 40,000

WASHINGTON, D.C. — The national nurse shortage was estimated at approximately 40,000 nurses here last month when Robert C. Goodwin, director of the bureau of employment security, Social Security Administration, reported that figure to Federal Security Administrator Oscar R. Ewing. The report covered nursing needs in hospitals, doctors' offices, schools, industry and the

public health agencies. Mr. Goodwin estimated that there is also a "potential demand" for an additional 40,000 nurses to staff new hospital facilities and meet other nursing requirements in the next three to five years.

The report said the present nursing shortage is "still acute" with "thousands of vacant beds" in hospitals attributable to lack of nursing personnel.

The 40,000 estimated shortage was broken down as follows in the report: hospitals and clinics, 20,000; public

health, 6000; private duty, 4000; nursing schools, 3000; doctors' offices, 3000; industry, 2000; miscellaneous, 2000.

The report said that institutional nurses receive the lowest pay and industrial nurses, the highest in the profession. The average work day for all nurses is eight hours and weekly schedules range from forty to forty-eight hours with the longest schedules prevailing in the institutional field. Also noted was a tendency for shorter hours in large communities.

### TB Sanatorium Improved, Dr. Fishbein Asserts

CHICAGO.—Improvement in the operation of the Municipal Tuberculosis Sanatorium here under the new sanatorium board appointed a year ago was reported recently. Dr. Morris Fishbein of the American Medical Association, chairman of the sanatorium's scientific advisory committee.

Following appointment of the new board and reorganization of the hospital staff, Dr. Fishbein said admissions had been speeded up so that a place can always be found for the communicable case which is endangering community health.

Collaboration with medical schools was made possible in the reorganization, Dr. Fishbein said. He urged that the present staff of part-time physicians be changed to a full-time staff to be headed by "a specialist of international reputation."

### Urges Revising Estimates of Safe Radiation Dosage

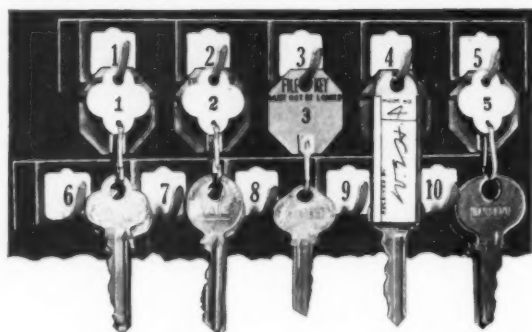
CHICAGO.—Recent investigations indicate the need for revising estimates of safe dosage limits from various kinds of radiation, including x-ray therapy. Dr. Herman J. Muller, professor of zoology at the University of Indiana, stated in an address here recently. Repeated exposures to x-ray concentrations too small to produce reddening of the skin, blood changes or other symptoms may cause "important damage," Dr. Muller declared.

Moreover, such radiation may be sufficient to cause changes in the genes capable of harming the patient's descendants, it was stated.

Dr. Muller received a Nobel prize in physiology two years ago for his study of biological changes in insects produced by radiation.

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## NEWS...

### More Attention to Patient, Less to Building Is Plea of Welfare Council Speaker

NEW YORK. — Agencies responsible for the care of chronic and mental diseases and other long-term institutional patients should pay less attention to construction of physical facilities and more to obtaining personnel with appropriate temperaments and skills, Dr. George Draper, medical director of the Burke Memorial Foundation, White Plains, N.Y., said at a meeting here last month of the New Jersey Welfare Council.

"Well taught brains and understanding hearts are more valuable than marble halls," in handling the patient with chronic or terminal illness, Dr. Draper said in a paper presented in his absence by a member of the foundation staff. He urged that more attention needs to be paid to "the man within the patient," recognizing that adequate housing and physical facilities must, of course, be provided. "Less money should be spent on the monumental values of welfare housing and far more on competent personnel at every level," Dr. Draper's paper declared.

### British Hospitals Suffer From Nurse Shortage

NEW YORK. — Hospitals in Great Britain face a serious shortage of nurses in spite of widespread recruiting efforts and the importation of trainees from the Continent, according to a report published in the *New York Times* last month. The shortage is estimated at approximately 48,000 nurses today, the report said.

Harsh methods of training and strict discipline have tended to discourage students from continuing their hospital training, it was declared in a recent debate on the recruitment program. During the debate, which took place in the House of Lords, one speaker suggested that the training of nurses be removed entirely from hospitals and turned over to a new authority. Another speaker described several instances of "petty tyranny which resulted in the resignation of young women who resented sharp reprimands or punishment for slight infractions of rules."

Another suggestion for relief of the shortage was that provision be made for training larger numbers of male nurses.



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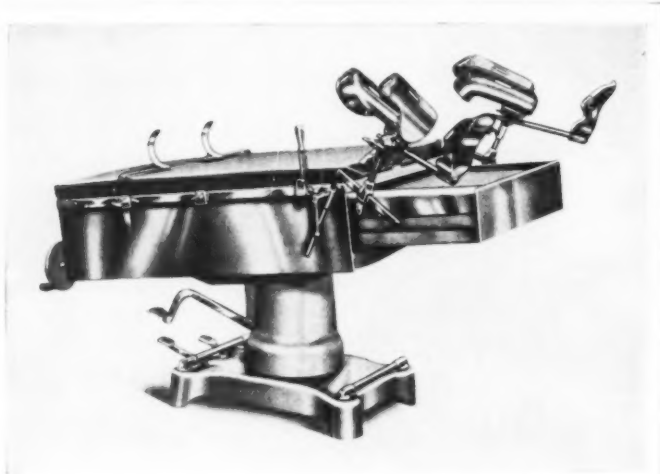
## NEWS...

### Abandon Expansion Program for Lack of Funds

NEW YORK. — A proposed \$7,000,000 expansion program for the Sydenham Hospital in Harlem has been abandoned for lack of funds, Dr. Alfred E. Cohn, formerly a member of the hospital board of trustees, said here last month. The plan envisioned modernization of the existing 200 bed interracial hospital and construction of an addition providing additional beds and medical education facilities.

A drive to obtain funds by enlisting one million or more members in a nationwide interracial fellowship program was unsuccessful, Harry C. Oppenheimer, president of the hospital, said, and foundations were not interested in making grants.

"We have plenty of trouble keeping the hospital going as it is," Mr. Oppenheimer said. "We are making Sydenham a teaching hospital and an ideal place for training both Negro and white interns."



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### COMING MEETINGS

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, Cleveland, Sept. 25-26.

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, Educational Conference, Netherland Plaza Hotel, Cincinnati, Feb. 21-25.

AMERICAN COLLEGE OF SURGEONS, Sectional Meetings: Edgewater Gulf Hotel, Edgewater Park, Miss., Jan. 7-8; Rice Hotel, Houston, Tex., Jan. 14-15; Hotel President, Kansas City, Mo., Feb. 11-12; Statler Hotel, Washington, D.C., March 15-16; Statler Hotel, Buffalo, N.Y., March 21-22; MacDonald Hotel, Edmonton, Alta., April 12-13.

AMERICAN HOSPITAL ASSOCIATION, Cleveland, Sept. 26-29.

AMERICAN HOSPITAL ASSOCIATION, Mid-Year Conference of Presidents and Secretaries, Drake Hotel, Chicago, Feb. 4-5.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, Book-Cadillac Hotel, Detroit, Aug. 23-25; Institute, Aug. 26, 27.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Cleveland, Sept. 23-24.

AMERICAN SOCIETY OF MEDICAL TECHNOLOGISTS, Hotel Roanoke, Roanoke, Va., June 20-23.

AMERICAN SOCIETY OF X-RAY TECHNICIANS, San Francisco, June 5-10.

ARIZONA HOSPITAL ASSOCIATION, Phoenix, Feb. 11-12.

ARKANSAS HOSPITAL ASSOCIATION, Marion Hotel, Little Rock, May 16-17.

ASSOCIATION OF WESTERN HOSPITALS, Civic Auditorium, San Francisco, May 9-12.

CAROLINAS-VIRGINIAS HOSPITAL ASSOCIATION, Asheville, N.C., April 21-22.

IOWA HOSPITAL ASSOCIATION, Fort Des Moines Hotel, Fort Des Moines, April 22.

KENTUCKY HOSPITAL ASSOCIATION, Kentucky Hotel, Louisville, March 20-April 1.

MASSACHUSETTS HOSPITAL ASSOCIATION, Statler Hotel, Boston, March 28.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, N. J., May 18-20.

MID-WEST HOSPITAL ASSOCIATION, Kansas City, April 26-28.

NATIONAL ASSOCIATION OF METHODIST HOSPITALS AND HOMES, Congress Hotel, Chicago, Feb. 16-17.

NEW ENGLAND HOSPITAL ASSEMBLY, Hotel Statler, Boston, March 28-30.

OHIO HOSPITAL ASSOCIATION, Nell House, Columbus, Ohio, March 23-26.

SOUTHEASTERN HOSPITAL CONFERENCE, Buena Vista Hotel, Biloxi, Miss., April 27-29.

TENNESSEE HOSPITAL ASSOCIATION, Andrew Jackson Hotel, Nashville, March 17-19.

TEXAS HOSPITAL ASSOCIATION, Buccaneer Hotel, Galveston, April 19-21.

TRI-STATE HOSPITAL ASSEMBLY, Palmer House, Chicago, May 2-4.

UPPER MIDWEST HOSPITAL CONFERENCE, Minneapolis, May 26-28.

WISCONSIN HOSPITAL ASSOCIATION, Schroeder Hotel, Milwaukee, Feb. 17.

### Free Medical Service

RUTHERFORD, N.J. — Private physicians give from 9 to 24 per cent of their time to free medical service, the magazine *Medical Economics* said last month. The average physician works a sixty hour week, it was reported.

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## NEWS...

### Plan Sites for Convenience of Hospital Personnel, Institute Speaker Asks

WASHINGTON, D.C.—Hospital sites should be selected for convenience of doctors and personnel rather than patients, Fred A. McNamara, hospital director of the federal budget bureau, said in a lecture at an institute on hospital planning held by the American Hospital Association here last month. "Most patients use the hospital only once," Mr. McNamara said, "but doctors

and other workers use it every day and that must be remembered in choosing a site."

Assurance of ample space for future hospital expansion and consideration of commercial development in the hospital locality are also important factors in site selection, Mr. McNamara said. He recommended avoidance of sites near recreation areas, railroads and cemeteries because of adverse psychological effects on sick patients.

Unification of hospital resources into

a single community plan was recommended in another institute lecture by Allan Craig, New York hospital consultant. Hospitals are in a transition stage today, Mr. Craig stated, moving away from individualistic policies and toward integrated or unified hospital systems.

Mr. Craig recommended that hospitals offer office facilities for staff doctors to use for their private patients.

### Red Cross Conference Studies World Nursing Problems

WASHINGTON, D.C.—Four resolutions concerning world nursing problems were among those adopted at the seventeenth International Red Cross Conference held at Stockholm, Sweden, it was announced recently at American Red Cross headquarters here. Among the resolutions regarding nursing and nursing auxiliaries and home nursing were the following:

"The conference recommends that national societies cooperate with their respective national nurses' associations in urging that selected nurses become expert in the nursing problems arising from the conditions of modern warfare, and that they be prepared to assume leadership if necessary in the training and supervision of nursing auxiliaries or professional nurses who may render nursing care in such emergency.

"That national societies support the principle that training programs designed to obtain a rapid increase in available nursing service for an emergency situation should place primary emphasis on the short-term training of auxiliary workers who do not expect to remain in the field of professional nursing, rather than upon the modification or reduction of the required training for professional nurses.

"That national societies, in cooperation with their respective national nurses' associations, encourage advance planning for the division of responsibilities between professional nurses and auxiliary workers in time of major emergency.

"The conference notes with satisfaction that an increasing number of national societies are providing instruction to the public in protective health measures and simple nursing care in the home and urges that such programs be encouraged wherever practicable under Red Cross auspices."

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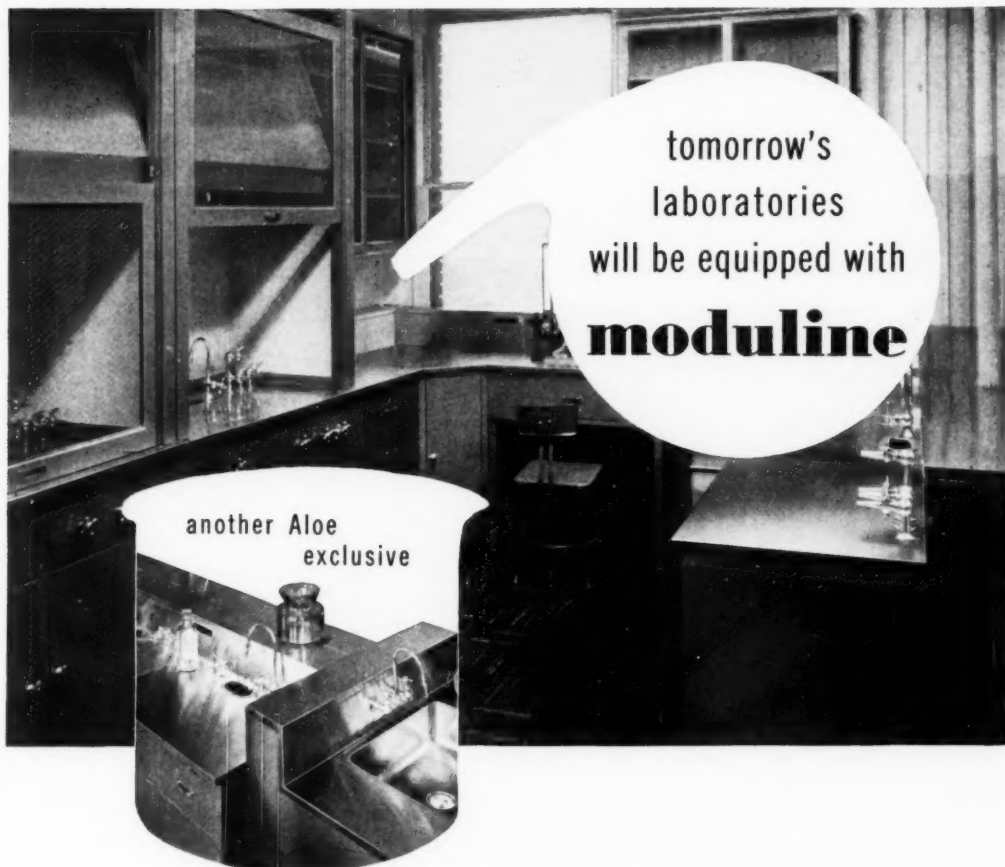
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## NEWS...

### National Resources Board Surveys Nurse Supply

WASHINGTON, D.C.—A nationwide inventory of professional nurses was launched last month by the National Security Resources Board as a part of its mobilization planning program, the board announced. The inventory is to be conducted by the American Nurses' Association, working with boards of nurse examiners of the 48 states in gathering the data, it was explained.

Information to be tabulated will in-

clude numbers, ages, special preparation and employment status of all registered nurses in the United States. With this information, the medical division of the National Security Resources Board will develop recommendations for the distribution of nurses to meet military and civilian needs in the event of war.

"To compensate for the shortage of nurses that would be probable if a national emergency should develop," explained Ruth Freeman, chief of the board's nursing section, "it is essential

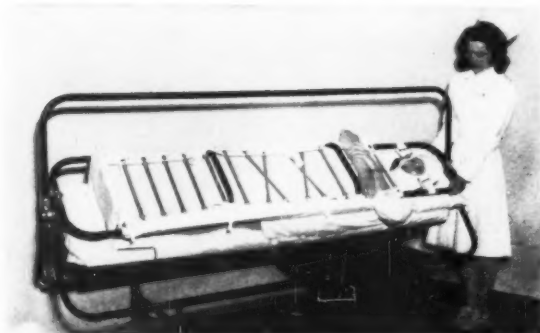
to maintain a current inventory of all qualified individuals. With careful planning, we should then be able to provide for the most effective utilization of the nation's nurses if the need should arise."

Once the basic inventory is completed, the American Nurses' Association intends to keep the information up to date through periodic checks with the state boards of nurse examiners, with which professional nurses in most states renew their licenses at regular intervals, the announcement said.



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nurse can turn the largest patient  
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### Move Polio Patients Into Carolina Convalescent Unit

GREENSBORO, N.C.—More than 100 convalescent poliomyelitis patients were moved into the \$500,000 Central Carolina Convalescent Hospital here in November following emergency efforts by several community groups to complete the project. The new facility was provided so that patients could be evacuated from a temporary clinic in the city, according to a newspaper dispatch.

Transfer of the polio patients followed an effort that was described as "one of the largest cooperative movements of mid-Carolina residents," who donated \$300,000 in cash and \$200,000 in building materials and labor to the hospital. More than 10,000 hours of work was contributed during week-end hours by various skilled tradesmen and unskilled volunteers, including college students.

The hospital was originally planned as a small semipermanent structure but was enlarged to meet the polio emergency that occurred here this fall, the report said.

### Hospital Opens Kitchens

BROOKLYN, N.Y.—Newly constructed kitchens and food service facilities costing \$370,000 were opened for public inspection at the Methodist Hospital here recently, Dr. Chester C. Marshall, hospital director, announced. The new facilities were designed to make the food service department modern and adequate to serve an institution of 540 beds, Dr. Marshall said. The installation includes a freezing room for garbage, electrically heated food wagons, modern steam cookers and sectional ovens, and mechanical air circulation, Marion P. Randall, chief dietitian, explained to visitors.



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This *predictability* of absorption and high tensile strength characteristic of

CURITY Sutures, together with their other "built-in" qualities, can't help but be of significant interest to you—to every surgeon.

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SUTURE RESEARCH . . . TO ESTABLISH A FINE BALANCE  
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## NEWS...

### Chicago Course for Practical Nurses Enthusiastically Received

CHICAGO.—Enthusiastic response to the practical nursing course offered by the public schools in cooperation with hospitals here assures continuation of the program, Mrs. Frank P. Hixon, president of the Chicago Council on Community Nursing, said last month. The first course was introduced in Sep-

tember and a second course will commence in January, she said.

"Announcement that the course would be given produced enough students to swamp our present facilities," Mrs. Hixon reported. "The present group will complete its classroom training in January and will move on to practical bedside training in the co-operating hospitals. It would seem that there are many women in the Chicago

area who would like to become nurses but cannot take the three years necessary for full-scale training. For such women, this ten-month course offers not only work of a type they prefer, but also assurance of continuing employment, since it will be years before the shortage of trained nurses can be effectively overcome."

The council on community nursing is sponsoring the training course jointly with the board of education, it was explained.

### Eastman Gives \$1,250,000 to Rochester Hospital Fund

ROCHESTER, N.Y.—A subscription of \$1,250,000 by the Eastman Kodak Company, described as the largest ever made by a corporation to a hospital capital fund, was announced last month by Thomas J. Hargrave, the company's president, at a citizens' committee meeting marking the opening of a \$6,940,000 federated financing program for the six voluntary hospitals here. Other contributions received in advance of the formal opening of the fund-raising movement made it possible for the Rochester Hospital Fund to start with \$1,726,675, or 25 per cent of the amount it will seek by the end of 1949, it was announced.

"Corporations, in a sense, are citizens," Mr. Hargrave stated. "In an undertaking of this character, enlightened businesses recognize that they have a responsibility to the community as a whole, and particularly to the people who work in their organizations."

The six participating hospitals are Genesee, Highland, Rochester General, St. Mary's, Strong Memorial and a new hospital on the north side of Rochester which will have a lay board and be staffed by the present doctors of Park Avenue Hospital, Will, Folsom and Smith, Inc. of New York and Boston are fund-raising counsel for the program.

### Doctors Staff Ambulances

NEW YORK — The prewar practice of staffing city hospital ambulances with doctors instead of first aid attendants was reinstated here last month following an incident in which an ambulance attendant incorrectly pronounced a woman patient dead. Hospitals affected by the change are Bellevue, City, Metropolitan, Kings County, Queens, Harlem and Morrisania, it was reported.



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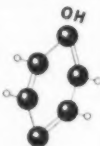
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ARO-BROM G.S. is made by the makers of SOFTASILK 571 SURGICAL SOAP... another product of the research laboratories of



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LISON ROAD - CLEVELAND, OHIO

## NEWS...

### Launch Campaign for \$2,000,000 Expansion Fund

SUMMIT, N.J.—A campaign to raise \$2,000,000 to modernize and enlarge Overlook Hospital here got under way in November with a pledge of \$200,000 by doctors on the hospital staff and a donation of \$62,000 from the Ciba Pharmaceutical Company, Ridley Watts, building fund chairman, announced. The gifts were announced at a meeting opening the fund raising drive.

The expansion is planned to double the bed capacity of the present hospital building and to modernize many of its services, Mr. Watts said. The enlarged hospital is planned to provide 287 beds and forty-two bassinets and was deemed necessary following a survey made by hospital consultants, he added.

Principal speaker at the fund raising meeting was Dr. Robin C. Buerki, vice president of the University of Pennsylvania, who said that adequate hospital facilities are a necessity of modern life. "You pay the cost of good health whether you have it or not," Dr. Buerki told the meeting. "You pay the cost by creating the facilities you need to keep you healthy or you pay the cost in pain, suffering, hardship and heartache."

### Recommends Change in Surgical Dressing Sizes

WASHINGTON, D.C.—The standing committee in charge of reviewing Simplified Practice Recommendation R153-17, Surgical Dressings, has approved a proposed revision of this recommendation, and the Commodity Standards Division of the National Bureau of Standards has mailed copies to manufacturers, hospitals and surgeons for consideration and written acceptance; it was announced by the division here last month.

This recommendation applies to ready-made dressings and hand-made surgical dressings and gives, for various types—such as sponges, packs and pads—the correct name, approximate size and the kind of gauze used in their combination. Diagrams are included to show how the gauze is folded for hand-made dressings, it was explained.

The current proposed revision consists of substituting an 8 by 7½ inch combination pad for the 8 by 8 inch size and the elimination of the 10 by 24 inch pad from the simplified list of recommended standards, the announcement said.

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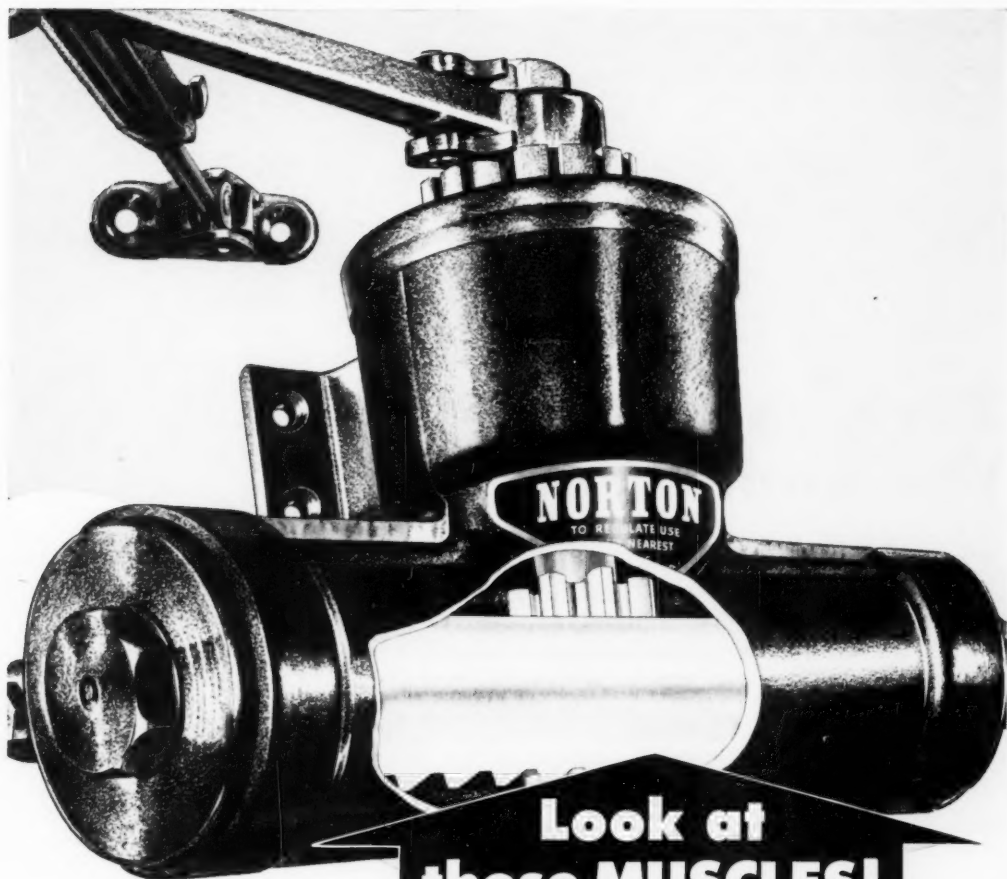
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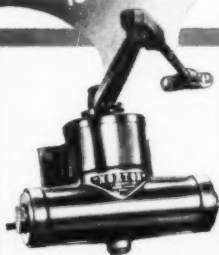


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**6 TYPES OF HOLDER ARMS**  
For hospital, telephone booth, regular and special kinds of doors.



**7 BRACKET STYLES**  
To accommodate any size, weight, or hand, to meet virtually any door condition.

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## NEWS...

### Morristown Hospital Expands Cancer Detection Service

MORRISTOWN, N.J.—Recent expansion of the tumor service at Morristown Memorial Hospital here is an effective unit in the program of the Morris County Chapter of the American Cancer Society, hospital officials announced last month. Doctors at Morristown Memorial pioneered in the field of cancer detection and treatment by banding together in a special group ten years ago, it was explained. This was

one of the first organizations of its kind in New Jersey. By 1947 Morristown Memorial Hospital reported that more than 500 cases of cancer had been treated by a special group of doctors. From fifty to sixty cases were being treated annually and the number detected was on the increase.

When it was found that the doctors needed more and better weapons to push forward in their campaign, it was determined that space for the necessary equipment could be provided by re-

modeling one of the hospital buildings. The local chapter of the American Cancer Society then went to the community in a well organized campaign and obtained the necessary funds, it was reported.

The expanded service continues to be primarily for patients unable to pay for cost of their care, the hospital report said. Staff doctors give their time and services without any compensation whatsoever, and the hospital makes a moderate charge for supplies and other necessary expenses, it was explained.

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### Recruitment for Polio Nursing Reaches 1478

WASHINGTON, D.C.—Recruitment of nurses by the American Red Cross for duty in 1948 poliomyelitis outbreaks to supplement local nursing staffs reached 1478 in November, Ann Magnussen, national deputy administrator of Red Cross Nursing Services, announced. Of the total, 626 nurses were assigned in southeastern states, for the most part in the Carolinas. The next largest group, 467 nurses, served in Pacific area states, principally California. Of the remainder, 288 were assigned in mid-western states, twenty-eight in New England states, and sixty-nine in middle eastern states, the report stated.

The response of the nursing profession to the year's needs in caring for victims of the disease, and the sportsmanship with which nurses have lived and worked on polio assignments, frequently under emergency conditions, are reflected daily in their letters reaching Red Cross headquarters from all parts of the country, Miss Magnussen said.

### To Build Four-Story Addition to Power Plant

BROOKLYN, N.Y. — A hospital will be built on top of a power plant when work starts on an addition to the Long Island College Hospital here, it was announced last month. Construction was scheduled to begin right away, the announcement said.

The John Osborn Polak Memorial will be a four-story addition to the hospital's power plant building. Included in the addition will be an operating room suite, central sterile supply facilities and several patients' wards, it was explained.

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**Weldwood Doors Are Guaranteed**  
against warpage or binding  
in opening due to any dimen-  
sional changes in the door.

**I**T'S a fact! These beautiful new Weldwood flush veneer doors are *guaranteed* against swelling and sticking in the summer . . . or shrinking and rattling in the winter.

Combine that feature with light weight and the rich beauty of real wood . . . and you have a truly

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Write or contact our nearest branch for full information on this new Weldwood Flush Veneer Door. Also ask about the amazing new *Weldwood Fire Door* which carries the Underwriters' label for Class B openings.



**EDGE BANDS** are thoroughly kiln dried hardwood, built up of two pieces of  $\frac{1}{2}$ " stock, securely glued together to provide greater dimensional stability.

**MINERAL CORE.** Each core is made of three or more pieces, securely bonded together by high frequency process, thus offering a solid piece of homogeneous character. Moisture content not in excess of 5%. Sized with highly waterproof solution, offering a perfect base for laminating cross bands and faces.

**CROSS BANDING** of  $\frac{1}{16}$ " veneer is bonded to core with TEGO Film Waterproof Glue.

**FACE VENEER.** At present, hand-some Birch veneer forms the hardwood faces. Wide variety of other decorative woods available on special order.

**SIZES AND THICKNESS.** Made in all stock sizes.  $1\frac{3}{4}$ " thick.

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1. **PERMANENT HOT PLATE BONDING** of veneers to core and banding with TEGO Film Waterproof Glue.
2. **VERMIN AND DECAY PROOF** mineral core resists fungus, decay and termites for life of structure.
3. **INSULATING PROPERTIES** are superior to double glazing, such as opening protected by storm door . . . when door is installed in an exterior opening with weather stripping.
4. **EXCELLENT VAPOR BARRIER** assured by TEGO Film Phenolic Glue bond between core and veneer.
5. **INCOMBUSTIBLE MINERAL CORE** has a fibrous reinforcing with a nominal density of 20 lbs. per cubic foot. This material has a sturdiness which assures proper performance under most severe conditions.

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## NEWS...

### Contributions on Twenty-Five Hospital Campaigns Reach Total of \$22,275,338

NEW YORK.—Contributions totaling \$22,275,338 are reported by twenty-five hospitals which have recently completed capital fund programs or are in the final stages of movements to finance new buildings and expanded facilities. The combined objective of the twenty-five campaigns is \$25,550,000.

Eleven of the building funds have been concluded, as follows:

The \$1,750,000 fund for the expansion and modernization of the North Country Hospital, Glen Cove, N.Y., reached a total of \$1,796,000.

Glens Falls Hospital, Glens Falls, N.Y., obtained \$1,105,000 in contributions for its \$850,000 capital improvement program.

A total of \$1,130,925 was contributed to Winchester Memorial Hospital, Winchester, Va., which sought \$850,000 for enlargement.

The \$500,000 fund for the expansion

of Milton Hospital, Milton, Mass., reached \$502,000.

A new forty-bed hospital, replacing an outmoded structure, will be built at New Milford, Conn., where \$423,764 was subscribed in a \$400,000 program.

In Putnam, Conn., a \$300,000 program for the Day Kimball Hospital resulted in contributions of \$393,000.

The Gifford Memorial Hospital, Randolph, Vt., sought \$300,000 to increase its capacity and received \$307,162.

To complete a building program planned shortly after the war and now expected to cost an additional \$250,000, the Northern Westchester Hospital, Mt. Kisco, N.Y., raised \$253,247 in a second campaign. The first appeal in 1944 resulted in a total of \$660,000.

A \$150,000 project to expand the municipal hospital at Sidney, N.Y., and accommodate residents of neighboring communities resulted in a response of \$206,827.

Laconia Hospital, Laconia, N.H., going to the community a second time and asking \$200,000 to meet the increased costs of a building program, raised \$215,807. In 1945 the public contributed \$466,000 to the building fund.

Brightlook Hospital, St. Johnsbury, Vt., with a \$200,000 enlargement program, received contributions of \$216,555.

Fourteen other building funds nearing completion report their standing as follows:

Greenwich Hospital, Greenwich, Conn., announces \$3,350,000 toward its objective of \$3,750,000 to build a completely new unit to serve patients and house diagnostic facilities.

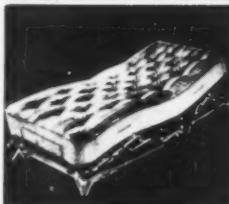
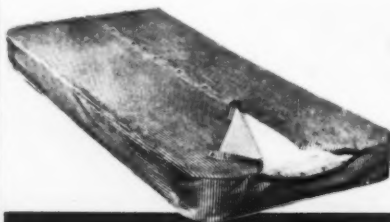
York Hospital, York, Pa., launched the concluding stage of its \$2,000,000 fund for enlarged facilities and bed capacity with a total of \$1,948,009 subscribed.

Bryn Mawr Hospital, Bryn Mawr, Pa., announces contributions of \$1,636,539 toward a \$2,500,000 goal for enlarged capacity, new scientific facilities and improved nurses' quarters.

Hartford Hospital, Hartford, Conn., where a \$5,000,000 building fund was oversubscribed in 1942 and 1943, announces \$2,300,000 toward a \$3,000,000 completion fund to finance the increased cost of its new main unit.

At Lancaster, Pa., the Lancaster General Hospital has \$1,110,000 toward the cost of a \$1,500,000 expansion project.

Elliot Hospital, Manchester, N.H., which is seeking a fund of \$1,350,000



**one source for  
all your bedding  
requirements**



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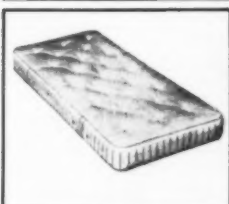


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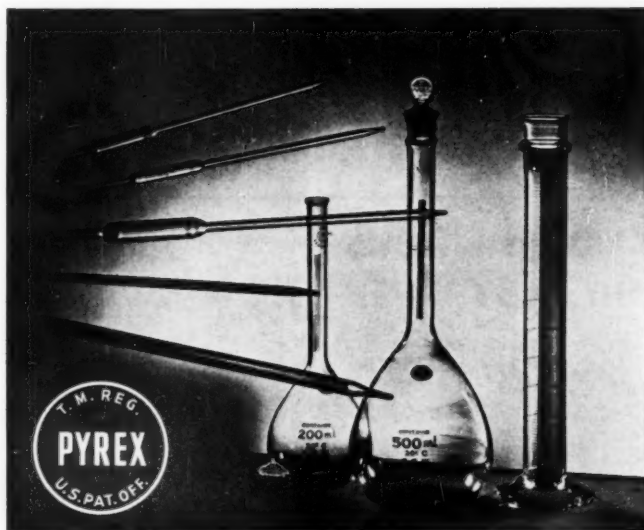
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Corning does many things to give you the biggest value in volumetric ware. Made of PYREX brand glass No. 774, it's tops in quality. This pays off in longer service life and in greater accuracy.

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And, PYREX volumetric ware is available with or without "Lifetime Red" graduations. When you specify "Lifetime Red," you know that the graduations will be permanent and *always* can be read. So when you order volumetric ware from your Corning Laboratory Supplier, specify PYREX brand and get extra value.

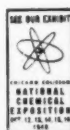


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## NEWS...

for major improvements, announces \$1,164,665 to date.

St. Luke's Hospital, New Bedford, Mass., seeking \$1,250,000 for expansion, reports contributions of \$1,084,705.

The \$750,000 fund for the Chillicothe Hospital, Chillicothe, Ohio, has reached \$694,000.

Toward a \$500,000 fund for the enlargement of Middlesex Hospital, Middletown, Conn., \$326,656 has been subscribed.

For its new \$750,000 hospital to be built on the campus of Colby College, Thayer Hospital, Waterville, Me., has received subscriptions of \$532,212.

Chester County Hospital, West Chester, Pa., reports contributions of \$759,572 toward its \$1,250,000 building fund.

For the new Eastern Memorial Hospital, Ellsworth, Me., to be built at an estimated cost of \$400,000, subscriptions amounting to \$221,130 have been received.

The \$450,000 fund for the enlargement of Windham Community Memorial Hospital, Willimantic, Conn., has reached \$257,076.

The \$550,000 fund for the new Placid Memorial Hospital, Lake Placid, N.Y., is nearing completion with \$340,509 reported.

Fund-raising counsel retained for these twenty-five hospital financing projects was Will, Folsom and Smith, Inc. of New York and Boston.

## In Your Oxygen Tents— Insist on: EASY OPERATION!



### GENERAL AUTOMATIC

Electrically-Cooled Oxygen Tent

OPERATES WITH  
THE-FLICK-OF-A-SWITCH  
AND THE-TURN-OF-A-DIAL

Plug in at any regular electrical outlet . . . flick on a starter switch . . . set a temperature dial to the exact degree of under-the-canopy temperature desired—that's all there is to operating the General Automatic.

It's simplicity itself! You get within-a-degree temperature control, uniformly maintained humidity—automatically. It's a great time and labor saver for busy nurses and orderlies.

Write for a descriptive folder. For efficient, dependable oxygen tent therapy install General Automatics. \$675.00 f.o.b. New York, slightly more for D.C. model.

We invite inquiries concerning the Blanchard Portable Plastic Respirator. Excellent for emergencies, for transportation. A versatile artificial respiration unit to supplement tank-type facilities.

- Simple to operate—with the flick of a safe, sparkless mercury switch.
- Within-a-degree temperature control, pre-set as desired.
- Humidity uniformly maintained between 45% and 50%.
- No-Draft circulation equalizing temperature everywhere under the canopy.
- No defrosting.
- Convenient spigot for draining off moisture (a cup or two daily).
- "Pin-type" canopy suspension for longer canopy life.

**General**  
HOSPITAL SUPPLY SERVICE, INC.

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## Rezoning Permits Building of Baptist Hospital in K.C.

KANSAS CITY, MO.—The City Council has approved a rezoning ordinance to permit construction of the new Baptist Memorial Hospital on an 18 acre site at 65th Street and Rockhill Road here, hospital trustees have announced. The council action leaves the way clear for trustees to complete contemplated contracts for purchase of the entire site, it was explained.

As soon as possible following the acquisition of full title, preliminary grading will be undertaken in preparation for construction, the trustees said. Ample room is provided for protection of the hospital environment, as well as possible later building expansion and off-the-street parking facilities, the announcement said.

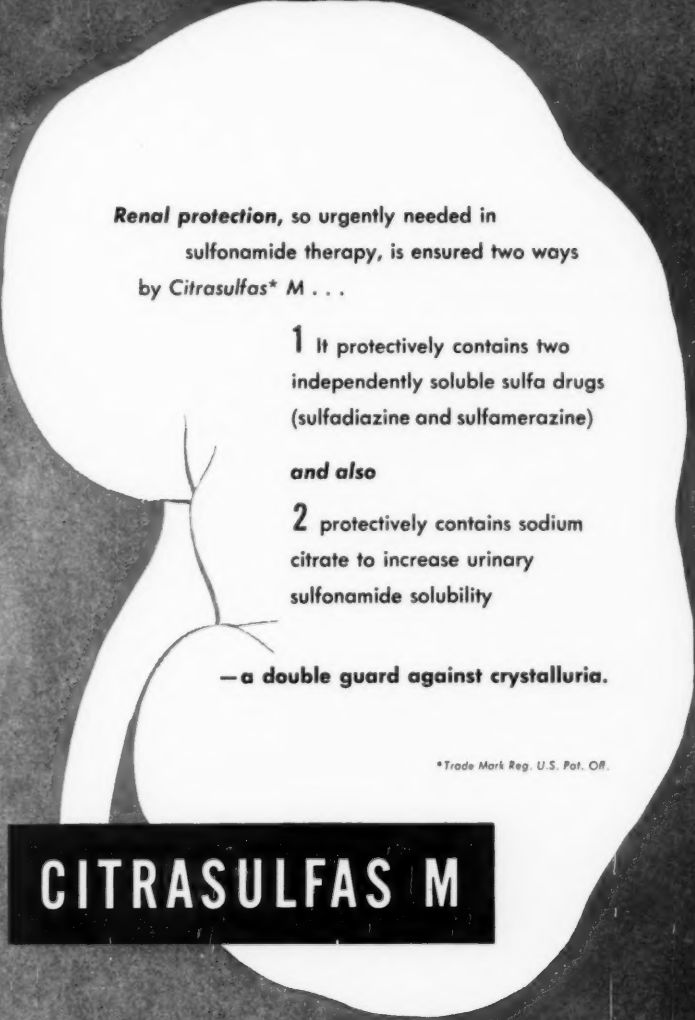
A fund of approximately \$750,000 in contributions and pledges has been obtained toward the cost of construction.

## Hospital Will Install 2,000,000 Volt X-Ray Unit

NEW YORK.—One of the world's most powerful x-ray machines will be installed in the Hospital for Joint Diseases here, hospital officials announced recently. The 2,000,000 volt unit has been ordered as part of an expanded program for cancer treatment and research which will cost at least \$300,000.

Developed by the General Electric research laboratory, the machine will be the first of its type in the world, the hospital announcement said.

Funds for the machine and the special building to house it are being raised by the Lila Motley League for Cancer Research. The hospital is procuring the remainder of the money required for the program. Dr. J. J. Golub, medical director, said the extent of the program would be determined by the amount of money raised.



**Renal protection**, so urgently needed in  
sulfonamide therapy, is ensured two ways  
by Citrasulfas\* M . . .

**1** It protectively contains two  
independently soluble sulfa drugs  
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## NEWS...

### V.A. to Build

NEW YORK.—A 1000 bed general medical and surgical hospital is planned by the Veterans Administration for construction on the East Side of New York City, David P. Page, state deputy V.A. administrator, announced last month. Residence and business properties now occupying the projected hospital site at 23d Street and First Avenue are being notified of V.A. plans looking toward their removal for site clearance by the summer of 1950.

### ABOUT PEOPLE

(Continued From Page 78.)

sens, who has been assigned to Oshkosh, Wis.

Sister Edwina has been selected as Superior of St. Mary's Hospital at East St. Louis, Ill. She has been a staff member since 1914. Sister M. Prosperia, the former Superior, has been transferred to St. Joseph's Hospital, Mishawaka, Ind.

### Department Heads

Dr. Stanley Gibson retired January 1 as chief of staff of Children's Memorial Hospital, Chicago, but will continue on the hospital's medical staff as consulting cardiologist. Dr. John A. Bigler has replaced Dr. Gibson as chief of staff.

Mrs. Frederick Engelken has been appointed housekeeper, Nassau Hospital, Mineola, N.Y. Mrs. Engelken was formerly assistant housekeeper, Roosevelt Hospital, New York.

Ellen C. Thomsen has been appointed director of dietetics at Passavant Memorial Hospital, Chicago. Miss Thomsen was graduated from the University of Illinois and served her internship in hospital dietetics at the University of Michigan Hospital, Ann Arbor. She has been a member of the dietary department of St. Luke's Hospital, Chicago, and was nutrition consultant at the Eastman Kodak Company.

Eta H. McNett, R.N., has been named director of nursing at Mount Sinai Hospital, Cleveland. Miss McNett has resigned the post of chief of the Veterans Administration tuberculosis nursing section in Washington, D.C. Almeda M. King who has served as assistant chief of the section will become acting chief on January 15.

### Miscellaneous

Dr. Norman H. Topping, associate director of the National Institutes of Health, has been appointed assistant surgeon general of the Public Health Service, Federal Security Agency.

Edna K. Huffman, author of the "Manual for Medical Records Librarians" and director of the program in medical record library science, Northwestern University, has announced her intention of offering her services as a medical record consultant. Mrs. Huffman is past president of the American Association of Medical Record Librarians and former editor of the association journal.

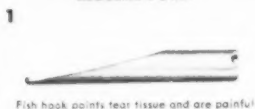
### Deaths

Dr. John D. Lytle, medical director of Childrens Hospital Society, Los Angeles, died of a heart attack on November 26.

Mary E. Surbray, R.N., director of the Interstate Hospital and Personnel Bureau, Cleveland, died December 18 after an illness of several months.

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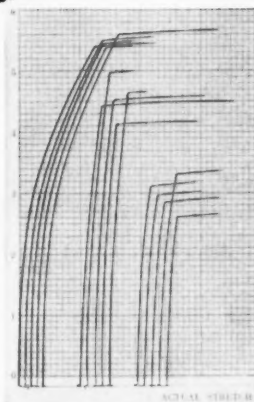
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## The Bookshelf

A PROGRAM FOR THE NURSING PROFESSION. By the Committee on the Function of Nursing. Cloth. Pp. 108. New York: The MacMillan Company, 1948.

Here, indeed, is a worthy companion of Esther Lucile Brown's history-making report on nursing. R. Louise McManus, director, division of nursing education, Teachers College, Columbia University, is to be congratulated for her foresight in getting this committee to-

gether and for initiating the conferences and studies which resulted in this splendid book. The pace of the book is well established by the following quotation in the foreword: "The leaders of the nursing profession were faced with a serious dilemma. Since the days of Florence Nightingale, they had insisted that nurses, and nurses alone, must determine how to discharge their responsibilities to society. Although every profession has the ultimate responsibility

and autonomy for determining its own rôle, the leadership in nursing was becoming increasingly aware that many problems with which they had to grapple were only in part professional and not subject to assessment and solution by nurses alone. Because many crucial issues had major ramifications in medicine, government, education, administration and economics, it seemed wise to elicit the assistance of experts in these other fields."

The same foreword also gives credit to several persons who "helped to sharpen the committee's appreciation of the problems precipitated by the increasing tendency toward division of nursing functions among several groups of personnel."

Chapter 1 outlines briefly and clearly the history of how hospital schools arrived at their present point, stating at one place: "From a financial point of view, the hospitals feared to release their hold over student nurses since they desired to benefit by the 'free' services which these trainees—successors to the religious Sisters—were providing." This chapter points out that the lack of proper financial backing by the general public has put hospitals in a difficult position which results in an equally difficult position for nurses and other members of the hospital team.

Chapter 2 is an excellent exposition of the problems revolving around nursing requirements and recruitment. The committee points out that estimates have been far too high on the requirements for professional or registered nurses because they have not given proper allowance to the substitution of practical nurses to do the many jobs now being done by registered nurses. The discussion in this chapter on private duty nursing is interesting. I wish that the committee had pointed out the great financial problem faced by voluntary hospitals in providing constant nursing attention to the more critically ill of the medically indigent patients. Doctors, patients, relatives and welfare officials expect hospitals to give indigents the care required to restore health, but no one pays enough attention to just where the hospital will get the funds for these services.

The report points out that the withdrawal rates of student nurses are considerably lower in schools of nursing that offer superior conditions of instruction and living arrangements, and em-



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phasizes that students can be saved for nursing by improvements in nursing schools. The committee wisely points out that "An expanded scholarship program supported by public as well as private funds would be essential. It would be desirable to secure the widest possible geographic distribution of schools—without sacrificing quality—so as to gain the advantages of proximity to the homes of the nursing students."

This statement then brings up the question of regional planning for nursing service needs and education. The

possibility of developing the entire nursing education system of the country on a regional basis deserves careful study.

Following are two quotations of special significance: "There are good reasons to believe that recruiting efforts directed at the Negro population would prove especially rewarding." "The principles of adult education are only now being applied to staff education programs, and not very generally at that. Few reforms would do as much to stabilize nursing services and improve recruitment as would additional efforts to treat staff nurses as adults capable of

participating in planning the work of the nursing team."

Chapter 3 under the title "Specialization of Functions" gives a wonderfully clear picture of the great possibility in using practical nurses instead of professional or registered nurses for a large proportion of nursing duties. An example of the committee's thinking is well illustrated in the following quotation: "If the nurse is responsible for administering medicine to the patient, it does not follow that she must herself obtain it from the pharmacy. Such are the tasks that can be put beyond the pale of nursing."

The committee visualizes the ultimate disappearance of the present-day registered nurse with only two groups remaining, namely, the professional nurse (four year combined college or university and hospital program leading to Bachelor of Science degree) and the practical nurse (nine to twelve months' training program). The committee should have emphasized the fact that only by scientific job analysis plus time studies can we determine with any reasonable success how many of what kinds of nursing personnel are needed. I believe that a third category, namely, the nurse's aid (on-the-job training) will play an important part in nursing of the future. Surely, any one individual patient will need at different stages of his illness and hospital stay a professional nurse, a practical nurse, and a nurse's aid. It would also seem that the nursing unit clerk and the orderly will be regular members of the hospital nursing setup.

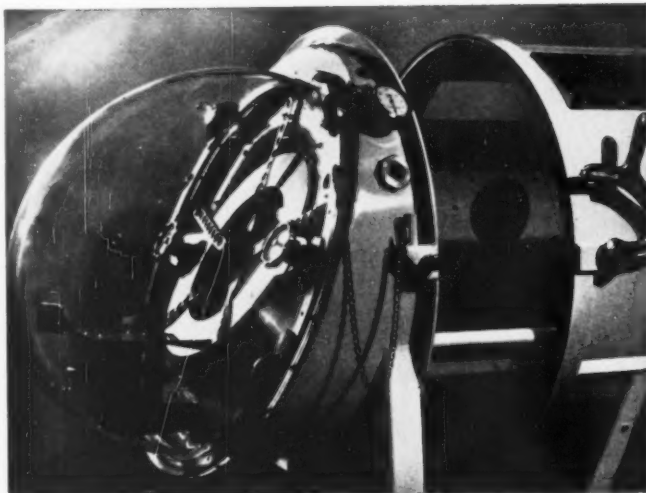
Discussion on the need for four year integrated college and university-hospital nurse education programs is well handled in Chapter 4 on "Education." Several good schools have demonstrated the possibility of doing a thorough job leading to Bachelor of Science in Nursing degree in a four year program.

*This report urges, as does the now famous Brown report, the rapid formation of sound practical nurse training programs.*

Chapter 5 contributes some excellent discussion on the relations between registered or professional and practical nurses, and nurses and doctors. The following quotation is significant: "Just as the doctor will have to accept the professional nurse as his assistant in therapy, the professional nurse will have to accept the practical nurse as her assistant in nursing care."

The ratio of two practical nurses to one professional nurse developed by the

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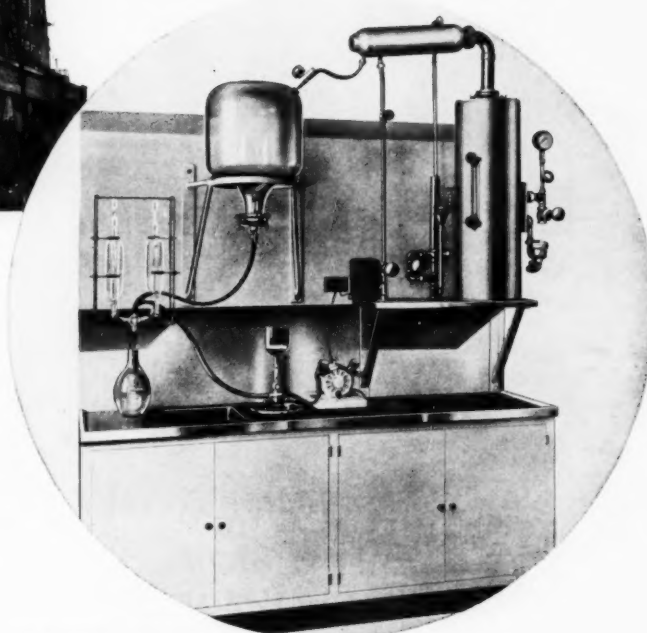
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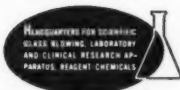
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committee is worthy of serious thought by all hospital administrators and others concerned with nursing care of the patients in our hospitals.

Chapter 6 under the heading "Career Incentives" quotes staff nursing salaries only up to 1946. I think that the report should have pointed out that the \$172 per month average in 1946 has risen to \$190 to \$200 as of December 1948. Of particular significance in this chapter is the discussion on the need for graduated salary increases so that really capable bedside and clinical nurses can advance in economic opportunity with-

out leaving bedside nursing to go into administration.

The last chapter giving "Findings and Recommendations" can best be summarized by the following quotations from the most significant of the forty-five items listed in this chapter.

"Much of the demand for medical and health care has been met by voluntary hospitals which relied in the past on cheap labor to reduce their costs and on gifts and bequests to cover the deficits they incurred. The apparent financial weakness of voluntary hospitals has precluded adjustments in nurses' pay

and working hours adequate to meet competitive conditions."

"Because of conservative construction, personnel and administrative practices in hospitals, the available numbers of nursing personnel are utilized at considerably less than full efficiency. These practices are also detrimental to successful recruitment of students."

"Certain ameliorative measures would tend to improve recruitment prospects and otherwise narrow the gap between the demand for and the supply of nursing personnel. We recommend: greater efforts in the smaller communities of the nation; larger quotas for training Negro and male nurses; greater reliance on part-time employment of married nurses; more democratic administration of nursing schools and nursing services. . . . Adoption of all these measures would probably not eliminate the shortage of nurses. Primary reliance must be placed on the more effective utilization of such nursing personnel as is available."

"Study of the tasks now performed by a registered nurse reveals that as much as 30 per cent of her time is usurped by housekeeping and clerical duties. These are important duties, which should, however, be performed by housekeeping and clerical personnel, not by nurses. . . . The tasks which appropriately fall within the sphere of nursing care and nursing administration are being performed increasingly with the assistance of practical nurses. By shifting the performance of some portion of the nursing care to practical nurses, it is possible to reduce requirements for professional nurses. This step is desirable not only as an emergency measure to ease the shortage, but also as a contribution to improving the basic structure responsible for providing nursing services."

"Practical nurses should be formally trained in school, controlled by mandatory licensure regulations, and utilized only under supervision of professional nurses. . . . The most effective means of utilizing practical nurses in conjunction with professional nurses was reviewed, but experience to date has been scanty. General considerations suggest that the most desirable method is to combine the two groups into a nursing team headed and closely supervised by the professional nurse. In implementing this scheme, a high quality of supervision is essential."

"Schools for professional nursing must be removed from the jurisdiction of hospitals and affiliated with universities



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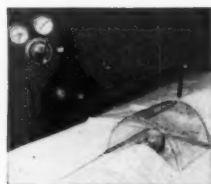
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## Tales and Details



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When I was leaving, she said: "Have you any pictures illustrating all these other steps we've just talked about? I'd like to show them to our student nurses. I'm sure I'll do a better job of explaining . . . and save a lot of words and time . . . if I can show close-ups of these steps, not just talk about them."

You can be sure I gave her all the photos in my briefcase—and that night I wrote my brass hats at the Lab about that conversation. They picked up the ball, and it wasn't long till they'd wrapped up the idea in a brand-new I.V. strip-film.

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Now, I've got something tops to show you and any interested groups—anytime you say. Or, if you prefer, just write Cutter in Berkeley and a print will be sent you direct. I'm sure you'll like the film as well as I do. Already, in several hospitals where I've shown it, it's been made an important part of the regular training program.

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or colleges. . . . Avoidance of wastefully repetitive ward duty, disguised as clinical experience, should enable the student to complete the revised and enlarged professional nursing curriculum in four years."

"The envisaged expansion of facilities for training professional nurses is no easy undertaking. It will take time and considerable financial resources. Increasing governmental subsidization of nursing education is probably indicated. The precise technics to be employed will bear further study."

"Expansion of facilities for training practical nurses is even more difficult, since so few schools are currently operating. In large measure, a system for educating practical nurses still has to be established. . . . We recommend the introduction of practical nursing education into the adult and high school vocational system of the country, while making maximum use of the community hospitals as clinical affiliates."

"In light of the difficulties confronting the expansion of facilities for training professional and practical nurses, the place of the registered nurse will remain secure for some time. It is hoped that opportunities will be made available to many registered nurses to improve their educational qualifications so that they can become professional nurses."

"During the period of transition, it will apparently still be necessary to train registered nurses. In light of the wastefulness of the present curriculum, many students of the problem agree that a two-year period is more than adequate for the diploma program."

"A sharp demarcation between the training and duties of the professional and practical nurse as proposed in this report should contribute to the security of each group and promote mutual trust."

"The appropriate overall ratio for the entire nursing mission is still uncertain at this stage of experimentation. As a tentative guide for recruitment policy only, we recommend the ratio of one professional nurse to two practical nurses. . . . Applying this ratio to the goal of 625,000 nursing personnel for 1960 implies that, as a first approximation, it will be necessary to secure each year 28,000 applicants for schools of professional nursing and 56,000 applicants for schools of practical nursing. . . . To secure these numbers, nursing must offer incentives at least equal to those offered to young men and women by comparable professions and occupations."—E. W. JONES.

TRANSCRIPT OF THE INSTITUTE ON HOSPITAL PLANNING. Conducted by the Council on Hospital Planning and Plant Operation of the American Hospital Association with the cooperation of the Illinois Hospital Association and the Chicago Hospital Council. Held at the Knickerbocker Hotel, Chicago, December 1947. Pp. 247.

Any group that is planning on a new hospital or an addition to an existing institution just cannot afford not to obtain a copy of this transcript. The Council on Hospital Planning and Plant Operation of the American Hospital Association provided a topflight faculty of thoroughly able people to cover the wide variety of topics assigned to them.

### POINT TO INTELLIGENT PLANNING

The report of the National Commission on Hospital Care and the splendid work done to date by the Division of Hospital Facilities of the U.S. Public Health Service in connection with Public Law 725, the Hospital Survey and Construction Act, have pointed the way to intelligent hospital planning.

The lectures that were given at the Hospital Planning Institute carry this excellent work forward and should save many local groups from financial, planning and professional pitfalls. Such topics as determining the need for hospital beds, selecting the site, designing the hospital to meet the needs of its medical staff, allocation of area to various departments, cost of construction, design of nursing units, discussion by engineers of manufacturers of various mechanical facilities for the hospital, and many other topics of interest are thoroughly and competently covered.

The problems involved in the ability of a community to finance construction and, what is even more important, its ability to support the hospital are called forcefully to the attention of the readers.

If every architect, hospital administrator, hospital consultant and member of building committees will not only read but also study this transcript future patients will receive a higher grade of hospital care and many doctors, hospital administrators, nurses and other hospital employees and hospital trustees will have a happier and easier time in providing hospital care for the citizens of their community.—EVERETT W. JONES.

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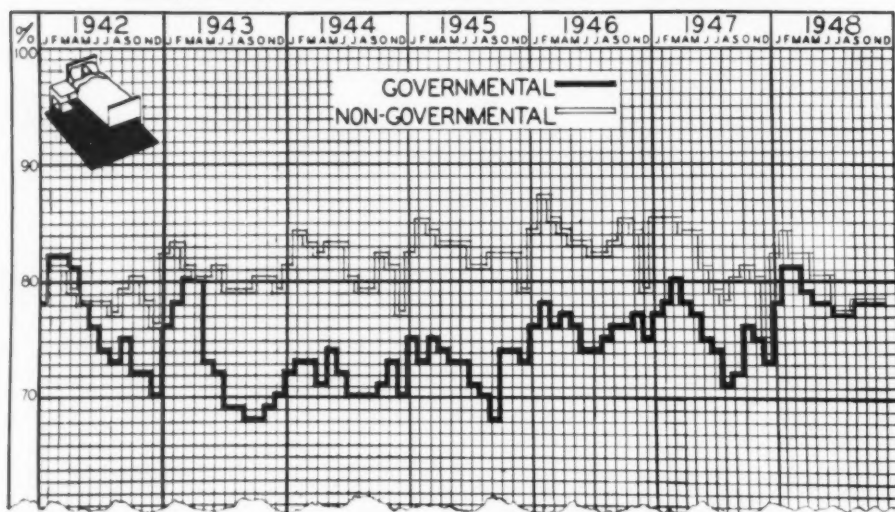
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## Occupancy Decline Continued in November



Occupancy for the month of November continued at slightly lower figures than those which have prevailed throughout the fall months in recent years. At 78 per cent of capacity for nongovernmental hospitals, occupancy

was 2.4 per cent below the figure for November 1947 and 6.2 per cent below 1946. In governmental hospitals, occupancy in November was 77.8 per cent—down 0.5 per cent from October.

Through the first part of December,

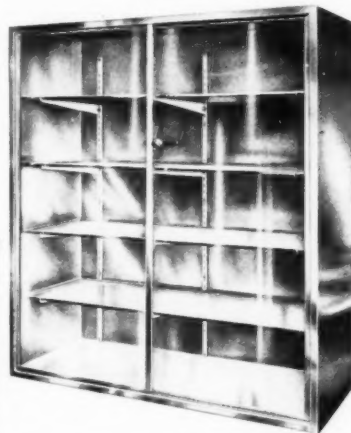
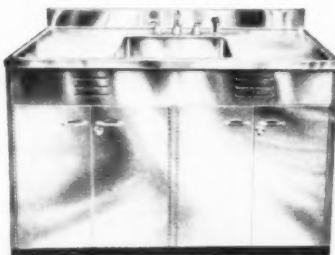
hospital construction for the year totaled \$716,799,887, or 56 per cent more than in the same months of 1947. For the latest period this year, 42 projects were reported costing a total of \$20,249,118.

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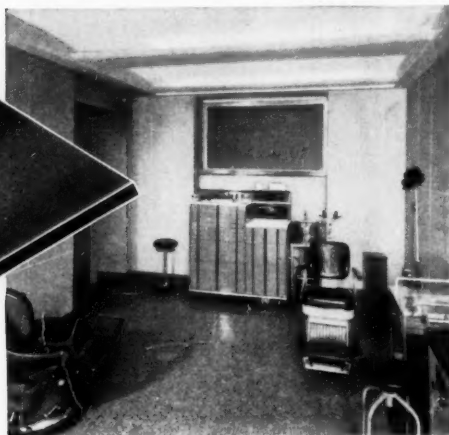


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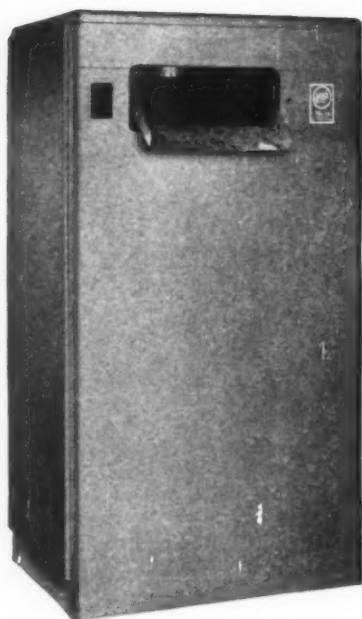
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York Corporation, York, Pennsylvania.

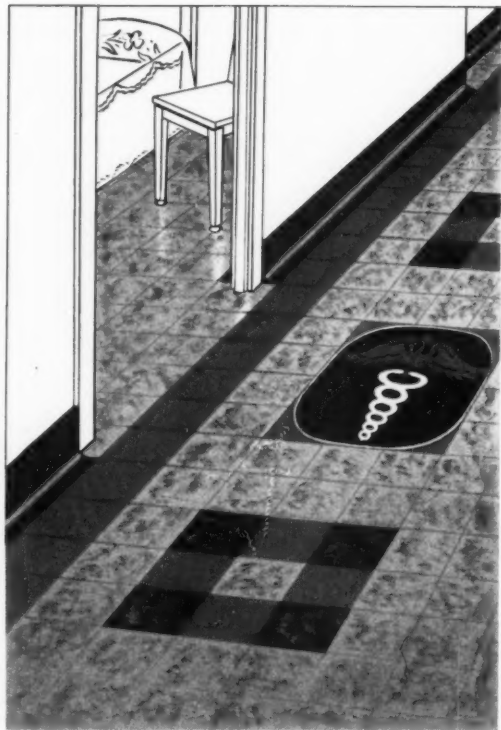
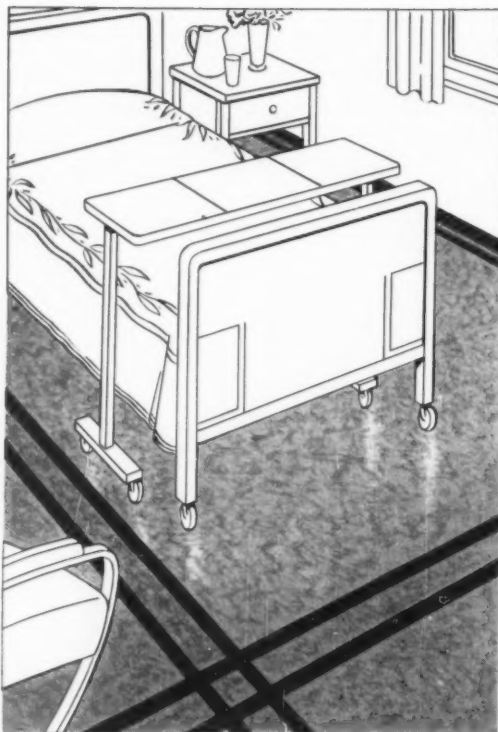
*York Automatic Ice Maker freezes ice cubes directly from the water supply. Is available with or without storage bin. Crystal clear cubes with the hole cool drinks faster . . . protect beverages against loss of carbonation.*



# YORK *Refrigeration and Air Conditioning*



HEADQUARTERS FOR MECHANICAL COOLING SINCE 1885



## "Linoleum is the most practical floor!"

"You talk about a practical floor! During the past nine years I've seen our Armstrong's Linoleum Floor go through every kind of test—successfully."

"Heavy traffic? Lots of it—seven days a week—fifty-two weeks a year, with hardly a sign of wear. This linoleum is quiet underfoot, too. Even when traffic is extra heavy, the place still has a quiet atmosphere."

"As for being easy to clean . . . well, you ought to hear the maintenance staff tell how Armstrong's Linoleum Floors cut cleaning time and costs. It's a simple task to keep it clean and bright. As far as I'm concerned, that makes Armstrong's Linoleum the most practical floor."



## "Asphalt tile is the most practical floor!"

"I was in on the planning of this building, and I made it my business to see that we got good floors. I've seen places where they had all kinds of floor trouble. I wanted to make sure we got floors that would be easy to keep clean and take a lot of wear."

"The architect and I examined different types of floors; Armstrong's Asphalt Tile was the one we finally picked. It met my specifications for smart appearance, easy maintenance, and it sure can take the traffic."

"And something else, Armstrong's Asphalt Tile costs less than any of the other floors we looked at. That was the clincher for me—getting the most practical floor and saving money by doing it."

**WE MAKE BOTH FLOORS** so perhaps we have a right to step into this argument. But we can't settle it for everyone. It depends on conditions. Sometimes, Armstrong's Asphalt Tile is the most practical flooring choice. Sometimes, linoleum is the better buy.

As far as cleaning is concerned, it's a tossup. One floor is just about as easy to clean as the other. Armstrong's Asphalt Tile usually costs less, but Armstrong's Linoleum is more resilient and comfortable underfoot. For concrete floors in contact with the ground, only asphalt tile is recommended.

Beauty is often a matter of opinion. Generally, Armstrong's Linoleum is regarded as being richer in appearance. It's available in many different patterns and color effects. Elaborate custom designs are easily achieved. However, Armstrong's Asphalt Tile can be custom designed, too, since it comes in a variety of colors and is laid a block at a time.

Hard to choose? Here's what we suggest: **Drop us a card and we'll send you two booklets**—one about Armstrong's Asphalt Tile, the other with full facts about Armstrong's Linoleum. If you want to compare samples of both flooring materials your Armstrong Flooring Contractor will be glad to show them to you. Write to Armstrong Cork Company, Floor Division, 5701 State Street, Lancaster, Pa.



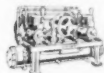
## ARMSTRONG'S FLOORS

LINOLEUM  ASPHALT TILE

LINOTILE® ★ RUBBER TILE ★ CORK TILE



"Substantial operating economies and food savings have resulted from our installation of 11 new Frigidaire Compressors," reports H. H. Robertson, assistant manager of the Hotel Jayhawk, Topeka, Kansas. S. I. Miles and Son, Topeka, was the dealer.



"A very profitable investment—in fact, it has exceeded my expectations." That's how restaurant owner D. A. Biglane, Natchez, Tenn., describes his Frigidaire Air Conditioning. Premo Stallone, Natchez, sold and installed this equipment.



"Savings on ice alone will pay for my new Frigidaire Beverage Cooler in less than a year. It's the best beverage cooler on the market," says Elmer Welch, owner of Elmer's Tavern, Decatur, Ill. Decatur Refrigeration Co. specified this installation.



## Frigidaire Saves Money for Others

# See How Frigidaire Reach-Ins Can Save Money For You!



As thousands of smart Frigidaire users have found, better refrigeration costs less when you own a Frigidaire Reach-In.

And no wonder, for these efficient, dependable reach-ins are built to the highest quality standards in the industry. Frigidaire compressors, cooling units, and controls are precision-matched to work together like a championship team. Cabinets are of sealed steel construction, insulated with a thick, cold-keeping blanket of fibrous glass. Exterior finish is gleaming Dulux, interior is Lifetime Porcelain.

These and dozens of other exclusive Frigidaire features all add up to longer life, lower operating costs, and better performance. So why not get the full story of Frigidaire Reach-Ins now? It can mean money in the bank for you.

For a full line of products you can depend on and a name you can depend on, call your dependable Frigidaire Dealer. Find name in Classified Phone Directory. Or write Frigidaire Division of General Motors, Dayton 1, Ohio. (In Canada, Leaside 12, Ont.)

## FRIGIDAIRE

### Reach-Ins

Over 400 Frigidaire commercial refrigeration and air conditioning products—most complete line in the industry.



# The right tumbler for every use...

## THREE COMPLETE LINES OF LIBBEY **HEAT-TREATED** TUMBLERS

These famous Libbey "Bounce" Tumblers last from 3 to 5 times longer!

FOR ROOMS, trays, dining rooms and cafeteria use... wherever tumblers are used, there's a Libbey Heat-Treated Tumbler to do the job with economy. Patients and staff will appreciate these attractive, light, easy-to-hold tumblers.

Hospitals and sanitariums from coast to coast praise Libbey Heat-Treated Tumblers because they last from 3 to 5 times longer

than ordinary glasses. Every one of these amazing tumblers is backed by the famous Libbey guarantee: "A new glass if the 'Safedge' ever chips."

Take advantage of the *extra economy* of Libbey Heat-Treated Tumblers! Request samples and prices from your nearest Libbey sales office or write directly to Libbey Glass, P. O. Box 1034-1035, Toledo 1, Ohio.

IT LOOKS BETTER... IT TASTES BETTER IN GLASS AND YOU CAN BE SURE IT'S STERILE!

### Governor Clinton Line



618 8 oz. 621 6 oz. 633 5 oz. 610 9 1/2 oz. 620 7 oz. 611 6 1/2 oz. 616 8 oz. 608 10 oz. 613 13 oz. 606 12 oz. 603 14 oz.

### No-Nik Line



1927 6 oz. 1917 8 oz. 1920 7 oz. 1910 10 oz. 1916 8 oz. 1908 10 oz. 1906 12 oz. 1800 12 oz. 1801 10 oz.

### Straight-sided Line



536 5 oz. 558 6 oz. 557 7 oz. 554 8 oz. 544 8 1/2 oz. 553 10 oz. 551 12 1/2 oz.

## LIBBEY GLASS **BOUNCE** TUMBLERS

Libbey Glass, Division of Owens-Illinois Glass Company, Toledo 1, Ohio



The MODERN HOSPITAL



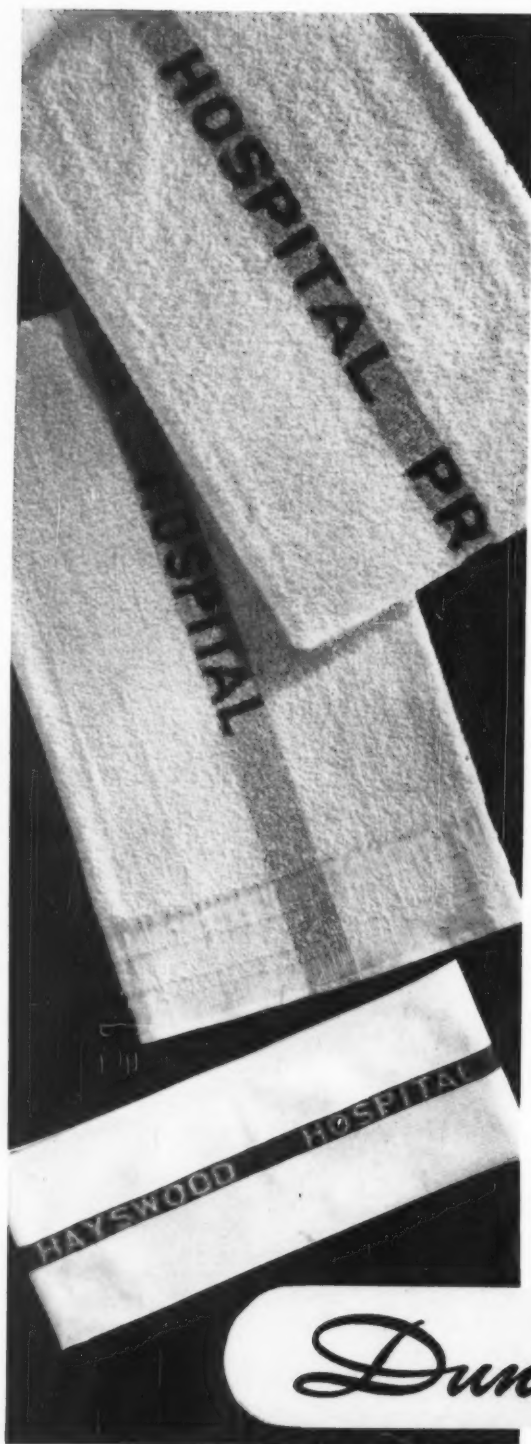
For finer coffee—really grand—  
Just serve our finer Monarch brand.  
We really blend the finer bean—  
Of coffee crops, we choose the cream.

Economy in Monarch's found—  
There are *more* cups in every pound.  
To play safe you should serve the line  
Of Monarch Foods—they sure are fine.

# MONARCH

World's Largest Family of Nationally Distributed Finer Foods

REID MURDOCH, Division of Consolidated Grocers Corp., Chicago, Ill.



**in history..**

THE NAME TO REMEMBER IS

*Alexander Graham Bell*



**in towels..**

THE NAME TO REMEMBER IS

*Dundee*

No wonder the Dundee label "rings the bell" with Hospital Towel buyers! Since 1888 they have recognized the economy of these quality towels—firmly woven to give years of good service despite hard wear and many washings.

Huck and Turkish Towels (both plain and name woven) • Bath Mats • Damask Table Tops and Napkins • Corded Napkins • Diapers • Dunfast Suiting

*Consult your favorite distributor*

**DUNDEE MILLS**

INCORPORATED • GRIFFIN, GA.

Showrooms: 40 Worth Street, New York 13, N. Y.

Manufacturers of Famous Nationally Advertised

*Dundee Towels*



**an extra "AID" for every patient**

***Lily Paper Service  
Relieves Your  
Overworked Staff!***



Where hospitals are crowded, understaffed, faced with increased operational costs . . . Lily\* Paper Service proves an invaluable aid! In one large west coast hospital,† for example, 61 employees were released from culinary chores when Lily Service was adopted!

Lily speeds and eases service by allowing pre-portioning of many foods . . . and by reducing clean-up problems to a minimum!

The lightness of Lily Cups and Containers, as compared with crockery, does much to relieve nurse fatigue. And the

†Name on request

\*T.M. Reg. U.S. Pat. Off.



fresh cup or container for every service relieves the patients' worry of cross-contamination!

Try Lily Paper Service now in a single ward, or for supplementary feeding. A sample kit and our interesting "Food Cost and Control Chart" are yours for the asking. For your convenience, use the coupon below. LILY-TULIP CUP CORPORATION, 122 East 42nd Street, New York 17, N. Y. • Chicago • Kansas City • Los Angeles.

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Please send me your free hospital sample kit and a copy of your "Food Cost and Control Chart."

Hospital Name.....

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City, State.....

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**need extra**

*Hands?*



This *might* solve your problem . . . but there's a simpler and more practical way to make the most of your personnel. You can eliminate the many hours of work involved in the use of ordinary venoclysis equipment by adopting Abbott's completely disposable venoclysis unit—VENOPAK—with Abbott Intravenous Solutions. VENOPAK is ready for use the instant you open the package. It has never been used on a previous patient. There is no need to preassemble, no worry about pyrogens and cross-infection, no sterility problem, no diverting of personnel to cleaning and resterilizing afterwards. Just use it once, then *throw it away*. • VENOPAK is a complete, sterile and easy-to-use venoclysis unit adaptable to a variety of hookups. Each unit consists of a dispensing cap, air filter, Murphy drip, plastic tubing, pinch clamp and needle adapter—a combination that saves time, money and labor. Ask your Abbott representative to arrange for a demonstration of VENOPAK and Abbott's ampoule-standard solutions—or write to Hospital Division, ABBOTT LABORATORIES, North Chicago, Ill.

**USE**

*Venopak*<sup>®</sup>  
TRADE MARK

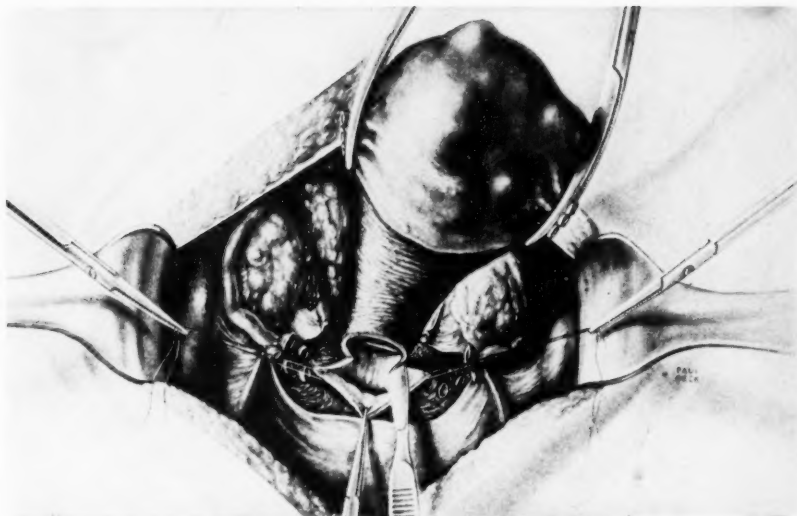
**Intravenous Therapy Film**

A new color film on "Modern Trends in Intravenous Therapy" is available to hospital groups. Arrange for a showing by writing to Hospital Division, ABBOTT LABORATORIES.

and **ABBOTT** Intravenous Solutions

\*Abbott's Completely Disposable Venoclysis Unit





## Advances in Ob. and Gyn. Suturing

### NEW CLINICAL PROCEDURES FAVOR NEEDLE SUTURES

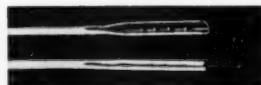
Sutures swaged to eyeless needles are being more widely adopted for use in delicate tissues by Gynecologists. To meet this trend, Ethicon has developed a new group of 13 Ob. & Gyn. eyeless Atraloec needle sutures. There are 4 new needles, swaged to chromic gut, sizes 3-0 to 2.

The Atraloec eyeless needle draws a single strand of suture through the tissues, eliminating confusion and minimizing trauma. All Ethicon Ob. & Gyn. eyeless needles are swaged to Ethicon's Tru-gauged, Tru-chromicized surgical gut, noted for superior strength and flexibility.

Ethicon sutures with swaged needles are supplied to hospitals at no extra cost over Standard Tubes. They are delivered in the new, unbreakable metal Sterile Pack canisters which guarantee sterility of tube exteriors.



**ETHICON SUTURE LABORATORIES**  
DIVISION OF JOHNSON & JOHNSON, NEW BRUNSWICK, N. J.



CONVENTIONAL SWAGE



ETHICON SEAMLESS SWAGE





# WOOD *unchanging in its timeless appeal!*



CARROM FURNITURE CRAFTSMEN

*Build* FOR THE DECADES

Nowhere, in all the world, is there any living thing more majestic, more unchanging in its timeless appeal than the giant Sequoia tree that rises to heights of 300 feet or more. These trees, found only in California's high Sierras, range from 1,000 to 3,000 years in age, and are the oldest living things in all creation.

Since the very dawn of civilization Wood has served as Man's constant ally . . . for shelter and warmth, weapons of offense and defense . . . and for the expression of Man's instinctive artistry. Men have admired the beauty of wood for countless ages. Old monasteries and castles in Europe are filled with wood tables, chairs and beds and

great, hand-hewn beams that were first put into service hundreds of years ago. Long before present-day finishes were perfected, men spent hours and days rubbing and polishing wood, fashioned and carved into many shapes . . . to bring out and "fix" the natural beauty . . . the timeless appeal that is inherent in wood.

Today, at Carrom, the cumulative knowledge for processing and fabricating Wood finds fulfillment in fine furniture, made to provide lasting serviceability and economy, combined with the grace and charm that only wood can impart . . . furniture *especially* and *exclusively* designed and built for institutional use.

## LONG-LASTING FINISH

The tough, lustrous finish that is applied to all Carrom furniture, literally becomes a part of the wood itself. It will not peel or chip off regardless of climate or weather, and resists service wear to a high degree. Little scratches often disappear merely by waxing and in any case are easily touched up. Carrom Finishes are applied for lasting beauty.

**CARROM INDUSTRIES, INC., LUDINGTON, MICHIGAN**

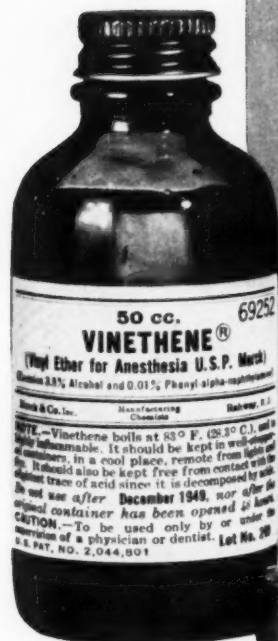
New York Office: 19 W. 44th St., Ralph Berg • Chicago Office: 1503 N. Sedgwick Ave., James L. Angle

# CARROM



**WOOD FURNITURE  
FOR HOSPITAL SERVICE**

**Especially Adapted to  
SHORT ANESTHESIAS in the  
Home, Office, or Hospital**



*Vinethene is an efficient inhalation anesthetic, particularly suitable for operations of short duration, for induction prior to ether anesthesia, and for complementing nitrous oxide-oxygen.*

Vinethene anesthesia is characterized by:

- Rapid induction
- Prompt, quiet recovery
- Infrequent nausea and vomiting

VINETHENE has been found of special value for:

- Reduction of fractures

- Manipulation of joints
- Dilation and curettage
- Myringotomy
- Changing of painful dressings
- Incision and drainage of abscesses
- Tonsillectomy
- Extraction of teeth

VINYL ETHER FOR ANESTHESIA U.S.P. MERCK

**VINETHENE®**

*An Inhalation Anesthetic  
for Short Operative Procedures*

COUNCIL ACCEPTED

MERCK & CO., Inc. RAHWAY, N. J.

*Manufacturing Chemists*

*In Canada: Merck & Co., Ltd. Montreal, Que.*

*Literature on Request*





**DON'T TAKE  
OUR WORD  
FOR IT -**

## **TRY THEM YOURSELF!**

Of course we mean—try them in your hospital—or if you feel like it—slip on a pair and see how comfortable they really are. See for yourself how the CURVED FINGERS (originated by Wilson) ease hand strain by eliminating the “pull” when the fingers are flexed. Run any kind of test you can think of—check them carefully and you’ll find that both Wiltex and Wilco last longer in actual service. You’ll find also that these two internationally famous gloves will with-

stand 30 to 50 trips into the autoclave before being discarded. This longer life naturally reduces the per-operation cost on each pair of Wilson gloves—but check it—find out for yourself and you’ll ask for them by name on the next order to your Surgical Supply Dealer.

***W. Wilson***

**RUBBER COMPANY**

THE WORLD'S LARGEST EXCLUSIVE MANUFACTURERS OF RUBBER GLOVES

**CANTON • OHIO**



# Help Reduce Hospital Expenses with

# *"Lysol"*

Brand Disinfectant



**ECONOMICAL! THOROUGH! POTENT!** A 1% "Lysol" solution for thorough disinfection of floors, walls, furniture and other surfaces costs only 2.4¢ per gallon when bought in bulk. Thousands of square feet can be disinfected for *less than a nickel!*

and in other respects *"Lysol"* actually saves money!  
Brand Disinfectant



Guard expensive instruments against corrosion, and preserve delicate cutting edges, by adding 0.5% of "Lysol" when sterilizing with hot water.

The useful life of rubber gloves, rubberized sheets, and other such equipment is prolonged when "Lysol" is used for disinfection.

"LYSOL," being *non-specific*, precludes the necessity of stocking various germicides. "LYSOL" is effective against ALL TYPES of disease-producing vegetative bacteria . . . effective even in the presence of organic matter.

Strict laboratory control assures that every batch of "LYSOL" is absolutely uniform in composition and action, completely soluble with neutral reaction, and free from impurities.

Address all inquiries to your  
**HOSPITAL SUPPLY DISTRIBUTOR**

or to  
**LEHN & FINK PRODUCTS CORP.**

Hospital Department  
445 Park Avenue, New York 22, N.Y.

## "LYSOL" LIST PRICE

\$3.00 per gallon. *Save 20%* by buying a 50-gallon drum. Supplied in 1-gallon containers and in 5, 10, and 50-gallon drums. Leading hospital supply distributors are authorized to sell "LYSOL."

# *"Lysol"*

Brand Disinfectant  
\*Reg. U. S. Pat. Off.

**OUTSELLS ALL  
OTHER GERMICIDES  
COMBINED**

(Phenol coefficient 5)





# WANT ADVERTISEMENTS

## POSITIONS WANTED

**ASSISTANT ADMINISTRATOR—PURCHASING AGENT**—Age 38; practical and efficient with a good record of achievement; experienced in purchasing, credits and collections, costs, personnel, and inventory control; know methods and procedures; personal membership in A.H.A.; available 30 days, salary commensurate with position.

**COMPTROLLER—BUSINESS MANAGER**—Age 38, catholic, married, college; comptroller 500-bed hospital last two years; business systems, financial statements; accounting—financial executive eight years; understand hospital administration; expansion; prefer south or Pacific coast. MW 31, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**DIRECTOR SCHOOL OF NURSING**—Five years' experience; single, protestant, under forty; B.S. Degree; prefer midwest, want three year school with college affiliation; available in early spring. MW 23, The Modern Hospital, 919 N. Michigan Avenue Chicago 11.

**NURSING ARTS INSTRUCTOR**—Six years' experience; single, protestant; B.S. Degree; prefer school with college or university affiliation, midwest; qualified as educational director; available early spring. MW 24, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**PERSONNEL EXECUTIVE**—B.S., M.A., experienced in all phases of management desires challenging position requiring organizing ability and leadership. \$6500 per year; Washington or New York preferred, available in 60 days. MW 28, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**REGISTERED MEDICAL RECORD LIBRARIAN**—R.N. desired position in 200-300-bed general hospital; experienced; prefer New England, Florida or California. NW 20, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**SURGEON**—For your community hospital. American, protestant, age 51, experience in private practice, Army, and as chief of 65-bed government hospital; now in surgical residency; available July 1st. MW 29, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

### INTERSTATE HOSPITAL AND PERSONNEL BUREAU Mary E. Surbray, R.N., Director 332 Buckley Building Cleveland, Ohio

**ADMINISTRATOR**—R.N.; 10 years director, nursing service, 8 years superintendent, 125-bed eastern hospital; well qualified, efficient, successful administrator; experienced in building programs; available January; any location.

**ADMINISTRATOR**—B.S. Degree, engineering; accounting; 2 years business manager, 200-bed hospital; 3 years director, 90-bed hospital.

## INTERSTATE—Continued

**DIRECTOR OF NURSING**—Degree; graduate large midwestern hospital; 3 years director, clinical instruction; 2 years principal, school of nursing.

**HOUSEKEEPER**—Experienced; 5 years assistant housekeeping; 200-400-bed eastern hospitals; will consider, director, nurses' home.

### THE MEDICAL BUREAU Burneice Larson, Director Palmolive Building Chicago 11, Illinois

**ADMINISTRATOR**—Lay; Degree of Bachelor of Science in Education and Master of Business Administration, eastern university; several years' successful business experience; forty years in business office of large teaching hospital; six years, assistant administrator, 700-bed hospital; past four years, administrator, privately operated hospital, 250 beds; Member American College of Hospital Administrators.

**ADMINISTRATOR**—Preferably hospital of 100-200 beds, or as assistant administrator, large hospital; A.B., eastern university; M.S. in Hospital Administration, year's administrative internship and, also, year's assistantship in hospital administration.

**ADMINISTRATOR**—Graduate nurse; B.S. in Hospital Administration, eleven years, administrator, 165-bed hospital; FACHA; in early forties.

**ANESTHESIOLOGIST**—Young physician; has passed part I of the American Board; past three years, department of anesthesiology, teaching hospital.

**MEDICAL ADMINISTRATOR**—Following internship, had three years' graduate training; four years, assistant to administrator, 275-bed hospital; six years, administrator, fairly large hospital.

**PATHOLOGIST**—Diplomate of American Board in Pathologic Anatomy and Clinical Pathology; recognized nationally as one of the leaders in pathology; has served as head of department in university medical school; interested in appointment providing opportunities for teaching and research.

**RADIOLOGIST**—Diplomate of American Board, degrees, eastern school; three years' teaching hospital training in radiology; at time of entering military service was serving as chief of radiology in 300-bed hospital; now in private practice; prefers directorship of hospital in x-ray department.

**PURCHASING AGENT**—Most of experience has been in executive capacity as director of purchasing; graduate of middle western university.

### WOODWARD MEDICAL BUREAU (Formerly Aznoe's) Ann Woodward, Director 185 North Wabash Avenue Chicago 1, Illinois

**ADMINISTRATOR**—Lay; (assistant); 18 months assistant and administrator smaller eastern hospital; 2 years Northwestern University (hospital administration) working toward FACHA; early thirties; immediately available.

**PATHOLOGIST**—Diplomate of American Board (Pathologic Anatomy and Clinical Pathology) 9 years chief of pathology and research pathologist large eastern hospital and National Institute of Health; interested hospital appointment with teaching program, exceptionally qualified.

**ADMINISTRATOR**—Lay; 5 years assistant administrator and administrator; 331-bed southern hospital; middle thirties; Member American Hospital Administrator Association; immediately available.

**REGISTERED NURSE ANESTHETIST**—Seeks appointment as chief in larger hospital; 6 years teaching supervisor university hospital; early thirties, single; asking \$425, maintenance; highly recommended; immediately available.

**EXECUTIVE HOUSEKEEPER**—Seeks appointment in larger hospital; B.S. Degree; six years executive housekeeper federal housing project; two years, executive housekeeper, 350-bed eastern hospital; late thirties, widow, catholic; asking \$250, maintenance; immediately available.

**ADMINISTRATOR**—Seeks appointment in larger hospital; 4 years operating room supervisor, large eastern hospital; 18 years superintendent of nurses and assistant superintendent and later superintendent 150-bed eastern hospital; Member American College of Hospital Administrators, experienced in organization, management, public relations, purchasing, stores control; early forties, single, episcopalian; asking \$6000, maintenance; immediately available.

## POSITIONS OPEN

**ADMINISTRATIVE ASSISTANT**—To director of nursing; educational assistant to director of nursing; two clinical instructors; salaries open, depending upon qualifications and experience of applicants. Apply White Cross School of Nursing, 700 N. Park Street, Columbus 8, Ohio.

**ADMINISTRATOR**—For accredited general hospital, 225 beds, 26 miles north of Boston; must be experienced; age 35 to 50; man or woman; salary open. Apply, Mrs. Andrew B. Sutherland, Lawrence General Hospital, Lawrence, Massachusetts.

**ANESTHETIST**—Nurse anesthetist wanted for 150-bed hospital. Apply to: Mother Marie, Administrator, Maryview Hospital, Portsmouth, Virginia.

(Continued on page 194)

**TERMS:**

*Two Labor Saving Washers*

# TROY

## ELECTROMANUAL & ELECTROMATIC

BOTH WITH FAMOUS

*"Slide-Out"*

FEATURE!

**NO STOOPING -- NO LIFTING -- NO BACKBREAKING UNLOADING EFFORT!** The new TROY "Slide-Out" feature eliminates unloading drudgery for employees — steps up production for the owner. Cylinder stops with load on waist-high partition where an easy scoop of the arm slides load into basket.

**HALF THE COST OF "UNLOADING" WASHERS... AVAILABLE IN SMALLER SIZES, TOO!** No need to spend twice as much for a clumsy "unloading" washer when TROY'S new Slide-Out feature accomplishes better results with greater safety and without costly operating and maintenance expense. The simplicity of design is your guarantee of longer service, easier operation, and no time out for repairs. TROY "Slide-Out" washers are also available in two smaller sizes — 42" x 36" and 42" x 54".

**GREATER WASHING EFFICIENCY.** Actual tests show that the TROY Slide-Out feature *washes clothes cleaner*, eliminates tangling. Load receives the drop and tumble action of the ordinary washer—PLUS a washboard action as clothes slide down ribbed partition—PLUS, a squeezing, paddling action on the upward rotation of the cylinder.



42" x 84"  
"Slide-Out" Washers  
Illustrated

**TROY ELECTROMANUAL WASHER—WITH "Slide-Out" FEATURE.** Equipped with stainless steel cylinder and shell, quiet "V" belt motor drive, thermometer, and automatic water inlet valves. (Can be equipped with a washometer at extra charge.) Troy ELECTROMANUALS are easy to maintain . . . there are only three points in addition to motor which require lubrication, all of which are easily accessible.

**TROY ELECTROMATIC WASHER — WITH "Slide-Out" FEATURE.** Set dial—add supplies—that's all! Electromatic washer control does the rest automatically. When washing cycle is complete, turn control dial to "spot" and cylinder automatically stops in position for easy "Slide-Out" unloading.

**TROY "Slide-Out" Washers are built in three sizes: 42" x 36", 42" x 54", and 42" x 84". Open pocket Electromatics and Electromanuals available in sizes 30" x 30" and 30" x 48" also.**

**SEND FOR DETAILS ON Photo-Plan**



TROY Laundry Engineers survey your plant and plan most efficient layout. Scale models of laundry machines are set up on a miniature of your own floor plan, then photographed and an easy-to-read, three dimensional photo print is furnished to you. No charge for this TROY service. Write for details.

**BUILDERS OF  
QUALITY LAUNDRY EQUIPMENT  
SINCE 1868**

# TROY LAUNDRY MACHINERY

DIVISION OF AMERICAN MACHINE AND METALS, INC.  
EAST MOLINE, ILLINOIS

in Canada: American Machine and Metals (Canada) Ltd., 1140 Weston Road, Toronto 7, Ont.

## WANT ADVERTISEMENTS

### POSITIONS OPEN

**ASSISTANT DIRECTOR OF NURSES**—Night Supervisor, Instructor, operating room Nurses; Missouri Baptist Hospital. Apply, Ella M. Gerhold, R.N., Director of Nurses, St. Louis, Missouri.

**CHIEF DIETITIAN**—Wanted for 200-bed tuberculosis hospital; attractive salary, plus room, board and laundry; send photograph, state qualifications and personal details. Apply Superintendent, Indiana State Sanatorium, Rockville, Indiana.

**ASSISTANT R.N. HEAD NURSE**—Non-sectarian tuberculosis sanatorium, located small suburban town, near Baltimore, has a vacancy. Apply with reference, to Miss Theresa C. Simon, Administrator, Mount Pleasant, Reisterstown, Maryland.

**CLINICAL INSTRUCTORS**—For medical and surgical services; 5-day, 40-hour week; beginning salary \$280; two weeks' vacation with pay; liberal sick leave. Apply Director of Nurses, St. Francis Hospital, 900 Hyde Street, San Francisco 3, California.

**DIETITIAN**—Therapeutic; good salary with maintenance. Apply Head Dietitian, Barnert Hospital, 680 Broadway, Paterson, New Jersey.

**DIRECTOR OF NURSES**—College graduate; complete charge of nursing service, ward housekeeping and personnel in nursing de-

partment; opening January 1 in New York State general hospital; 8-hour day, 44-hour week; salary from \$3900-\$4000 with full maintenance; 2 weeks sick leave and 3 weeks vacation annually; retirement provision; permanent position. Frederick Ferris Thompson Hospital, Canandaigua, New York.

**GENERAL STAFF NURSES**—For 200-bed general industrial hospital; eligible for registration in Colorado; salary \$290, \$15 additional for 8-11 and 11-7; 44-hour week. Apply to Director of Nursing Service, Corwin Hospital, Pueblo, Colorado.

**GRADUATE NURSES**—For new 50-bed general hospital in thriving village, Catskill Mountains, 8-hour day, six-day week, time-and-one-half for overtime after 40 hours, rotating shifts; average gross cash salary \$200 to \$210 month; full maintenance available for \$10.50 week. Apply Superintendent Nurses, Margaretville Hospital, Margaretville, New York. Phone Margaretville 50.

**GRADUATE STAFF NURSES**—Full or part time in 390-bed hospital connected with medical school; positions open in medical, surgical, pediatric, gynecologic and obstetric departments and in operating room; constantly expanding facilities; 44 hours per week; salary range \$260-\$215 per month for nurses who can rotate on day, evening, and night duty; exceptional opportunity for furthering education in Vanderbilt University. Write: Director of Nursing Service, Vanderbilt University Hospital, Nashville, Tennessee.

**HEAD NURSES**—For psychiatric hospital; salary starts at \$2280 per year; 40 hours per week; liberal vacation; sick leave and retirement benefits; full maintenance available at minimum rates. Write or apply in person to Superintendent of Nurses, Medfield State Hospital, Box A, Harding, Massachusetts.

**LABORATORY TECHNICIAN**—Experienced wanted; registration preferred. Apply Elyria Memorial Hospital, Elyria, Ohio.

**LABORATORY TECHNICIAN**—Wanted for general work; 150-bed hospital; salary dependent on qualifications. Apply to: Mother Marie, Administrator, Maryview Hospital, Portsmouth, Virginia.

**NURSE ANESTHETIST**—For 340-bed teaching hospital; department headed by physician anesthesiologist, Diplomate of Board; rooms available in new nurses' residence. Mount Sinai Hospital, 2750 W. 15th Place, Chicago 8, Illinois.

**NURSE ANESTHETISTS**—Two, well-qualified wanted; salary open. Address: Administrator, Memorial Mission Hospital, Asheville, North Carolina.

**NURSE**—Graduate for supervisory position in 200-bed private hospital, treating all types of mental patients; one hour from New York city; salary \$215 to \$235 according to experience, with maintenance available at cost of \$35 per month; 5-day, 40-hour, 4 week vacation, 10 day sick leave. South Oaks, Box 467, Amityville, L. I., New York.

(Continued on page 196)



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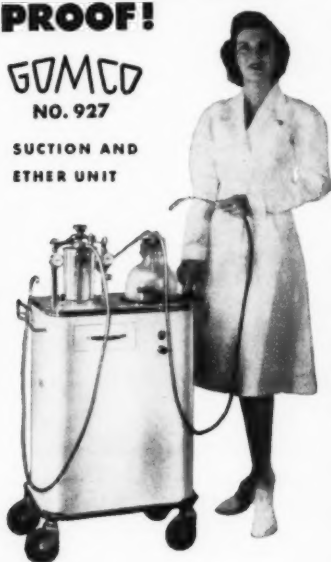
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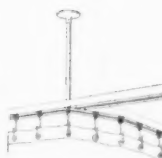
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**NURSES**—R.N. surgery and general duty, 40-bed hospital in small community, ideal working and living conditions. Apply Administrator, Lompoc Hospital, Lompoc (Santa Barbara County), California.

**NURSING ARTS INSTRUCTOR**—Wanted; also wanted: General Staff Nurses for medical, surgical, obstetrical, and communicable disease departments; current salaries paid. Apply Director of Nursing, Evanston Hospital, Evanston, Illinois.

**PATHOLOGIST**—Wanted; 250-bed general hospital, new plant with excellent facilities; prefer young man certified by American Board of Clinical Pathology and Pathological Anatomy; please give complete details in first inquiry. Anderson County Memorial Hospital, Anderson, South Carolina.

**PSYCHIATRIC SUPERVISORS**—Salary range \$285-\$290 per month; 44 hour week; large hospital; affiliate school of nursing. Apply, Director of Nurses, St. Louis State Hospital, St. Louis 9, Missouri.

**NURSES WANTED**—Registered nurses and registered psychiatric nurses (men and women) for state hospital assignments, for general duty, hospital work, tuberculosis and psychiatry; also registered psychiatric nurses with college degree as instructors of affiliating schools of psychiatric nursing; good salaries; opportunity for advancement; excellent retirement and insurance plan. Write: Division of Personnel Service, Department of Public Welfare, State Armory, Springfield, Illinois.

**OBSTETRICAL NURSES**—California hospital on San Francisco bay, forty minutes from that city; five day week; salary \$225 per month if post graduate or experienced; \$10 additional for evening and night hours; maintenance available. Director of Nursing, Alameda Hospital, Alameda, California.

**OPERATING ROOM NURSES**—California hospital on San Francisco bay; forty minutes from that city; 100 beds; five day week; salary \$225 per month if post graduate or experienced; \$10 additional for evening and night hours; additional compensation for on call; maintenance available. Director of Nursing, Alameda Hospital, Alameda, California.

**REGISTERED NURSE SUPERVISOR**—For 100-bed tuberculosis sanatorium; full maintenance; salary open; write full particulars in first letter. Apply Dr. Robert K. Oliver, Medical Director and Superintendent, Montgomery Tuberculosis Sanatorium, Upper Wetumpka Road, Route 5, Box 54, Montgomery, Alabama.

**REGISTERED NURSES**—Two and assistant Night Supervisor; home-like living quarters in

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**SUPERINTENDENT OF NURSES**—80-bed hospital; graduate registered nurses in various capacities. Luther Hospital, Watertown, South Dakota.

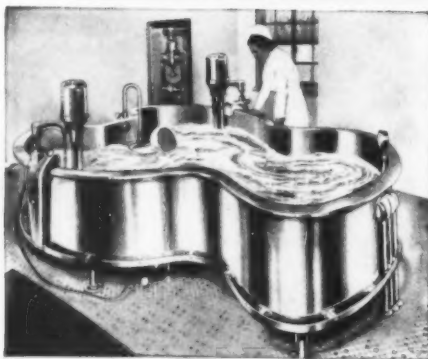
**SUPERINTENDENT OF NURSES**—Pontiac General Hospital, Pontiac, Michigan. Opportunity to reorganize and improve nursing service as recommended by recent professional survey; applicants should be aggressive and adaptable, have wide background and considerable administrative experience in nursing, and education equivalent to college graduation with courses in nursing administration; salary \$3786-\$4680 with annual increments of \$180; two increases in first year; maintenance available at nominal charges; modern 190-bed plant, large intern-resident program, excellent supporting services, single director; municipal retirement system, liberal sick leave and vacation, tenure under city merit system; educational and cultural opportunities in Detroit one hour away by public transportation; official application and supporting data should be filed by 5:00 p.m., Saturday, February 19, 1949; oral interviews Saturday, March 5, 1949, for candidates selected on personal qualifications. Application blanks furnished on request to Personnel Director, City of Pontiac, Pontiac 14, Michigan.

**SUPERINTENDENT OF NURSES**—Wanted; experienced and well-qualified for a 182-bed hospital with training school; salary open. Address: Administrator, Memorial Mission Hospital, Asheville, North Carolina.

(Continued on page 198)

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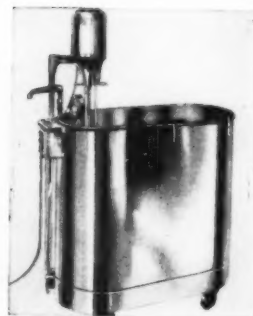
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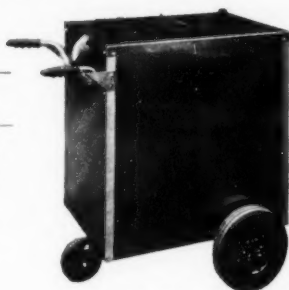
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**SUPERVISOR OF NURSES and STAFF NURSES**—For 50-bed general hospital; highest salary and excellent opportunity for advancement. The Lynn Hospital, 2950 S. Fort Street, Detroit 25, Michigan.

**TECHNICIAN**—Combination x-ray and laboratory; desired immediately in state tuberculosis sanatorium of 206 beds. MO 22, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**TECHNICIAN**—Qualified to do laboratory and x-ray work in fully approved 60-bed hospital; salary open; relief available for time off duty. NQ 306, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**THERAPEUTIC DIETITIAN**—Wanted in 850-bed general hospital, affiliated with large medical school; write for information. MO 29, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11.

**INTERSTATE HOSPITAL  
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**ADMINISTRATORS**—(a) 125-bed hospital,

### INTERSTATE—Continued

Arizona; new 25-bed unit. (b) New hospitals, western Pennsylvania and Ohio being organized; open March. (c) 100-bed hospital, Illinois; cultural center; new addition planned. (d) 65-bed hospital, New York. (e) 80-bed hospital, Maryland; school of nursing.

**PERSONNEL MANAGERS**—(a) Ohio hospital; salary open. (b) Purchasing agent: 200-bed hospital, Texas. (c) Assistant superintendent, R.N.; midwest.

**DIRECTORS OF NURSING**—(a) 200-bed hospital; Virginia. (b) 250-bed hospital, Connecticut. (c) 175-bed hospitals, New Jersey, Connecticut, Pennsylvania, Ohio, Illinois, Michigan, Florida, Alabama; \$325, maintenance.

**DIRECTORS, NURSING SERVICE**—(a) 200-bed hospital, suburb New York. (b) New hospital being organized; vicinity St. Louis. (c) 100-bed West Virginia hospital. (d) 150-bed Ohio hospital; \$300, maintenance.

**EDUCATIONAL DIRECTORS**—(a) \$300, maintenance. (b) Science instructor; eastern medical center; \$4,000. (c) Instructors, nursing arts—clinical—social sciences; \$250, maintenance.

**TECHNICIANS**—(a) Laboratory; \$225-\$275. (b) X-ray; chief; 200-bed hospital, near Chicago, also east. (c) Physiotherapist; 300-bed New Jersey hospital. (d) Dietitians; chief; therapeutic; teaching; \$250-\$300; excellent selection of openings; all localities.

**HOUSEKEEPERS**—(a) 300-bed well organized hospital; New York State. (b) 200-bed hospital, vicinity Detroit. (c) Director, nurses' home; east.

(Continued on page 200)

**THE MEDICAL BUREAU**  
Burneice Larson, Director  
Palmolive Building  
Chicago 11, Illinois

**ADMINISTRATORS**—(a) Medical; hospital specializing in cancerology; should be interested in cancer control; university town; middle west. (b) Group of hospitals serving rural population of 50,000; hospitals organized for charitable and educational purposes; institutions well equipped and established so as to attract well qualified personnel; \$7500-\$10,000. (c) Lay; small general hospital, long established in New England town of 15,000. (d) Medical or lay; general hospital averaging 200 patients; funds available for new hospital of 400 beds; middle west. (e) Medical teaching hospital of more than thousand beds. (f) Commissioner for group of hospitals municipally operated; combined bed capacity about 1000; new three-bedroom home now under construction; \$12,000; although medical administrator preferred, outstanding layman eligible. (g) Medical; general hospital of fairly large size; affiliated with university medical school; east. (h) Lay or medical; general, fairly large hospital, fully approved; \$8400-\$12,000; Pacific coast. MHI-1.

**DIRECTORS OF NURSES**—(a) Director of nurses; large general hospital located in interesting city outside continental United States; duties consist of directing school and nursing service; three-year contract; liberal salary, transportation, complete maintenance, including private apartment. (b) Director of school of nursing and nursing service; fully approved general hospital, voluntary, of 400 beds; 90

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**The New-Type Dressing  
For BURNS, ABRASIONS  
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**STERILIZED • TRANSPARENT  
NON-ABSORBING • NON-ADHERING**

**VISIBAND** is a transparent, non-adhering dressing for use in the treatment of burns and abrasions, and used for skin grafts or any surface wound. **VISIBAND** consists of two strips of specially prepared, sterilized cellophane film. One strip, used as the base for medication, is perforated; the other strip is plain. The ease and simplicity of application is illustrated.... Simple bandages hold **VISIBAND** in place.

**VISIBAND** is non-adhering... is removed without pain or discomfort.

**VISIBAND** is transparent... permits inspection of wound without removal of dressing.

**VISIBAND** provides germ-resistant housing over any desired area.

**VISIBAND** is economical.

**VISIBAND** serves to prolong

the effective period of medication, which melts with body heat and flows through the small holes in the perforated strip.

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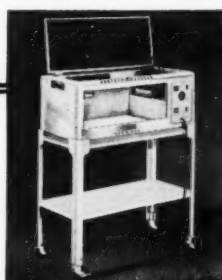


3... apply unperforated Visiband over medication.

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X-4 PORTABLE  
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SAFE**

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Height 26";  
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## WANT ADVERTISEMENTS

### POSITIONS OPEN

#### MEDICAL BUREAU—Continued

students; pleasant residential community of 50,000, located hour's ride from New York City; \$5,000, maintenance. (e) Director of nursing service and school of nursing to succeed director resigning after twenty years' service; university group; 250 students; woman with proven success in field of nursing administration required. (d) Director of nurses; general hospital now under construction; capacity approximately 80 beds; all-graduate staff; town of 10,000 located short distance from several large cities; middle west. (e) Director of nurses; key nursing position with American organization having operations in South America; degree and knowledge of Spanish required; interesting proposition. (f) Director of nurses; university hospital; new buildings recently completed; school of nursing to be established later. (g) Assistant director of nursing service; experience in administering nursing service desirable; fairly large hospital; winter resort town located on coast of California; minimum \$275 a month. MH1-5

**EXECUTIVE SECRETARY**—State board of nurse examiners; duties consist of surveying and accrediting schools of nursing, formulating standards of nursing education, counseling; minimum \$4000. MH1-6

**FACULTY APPOINTMENTS**—(a) Clinical instructor; degree, experience required; fairly large hospital; winter resort town located on the coast of California; minimum \$275 a month. (b) Educational director; voluntary hospital of nearly 500 beds located in beautiful section of

#### MEDICAL BUREAU—Continued

eastern state; short distance from large metropolis, university medical center; 200 students; school affiliated with college for five-year program; modern nurses' residence; \$4000-\$4500. (c) Educational director; preferably someone with training or experience in pediatrics; small school; hospital conducted under American auspices; foreign appointment. (d) Science instructor; central school of nursing; ten-month year; may report February or July 1st; university town, each; \$3200. MH1-7.

**NURSE ADMINISTRATORS**—(a) Voluntary hospital, general, of nearly hundred beds; medical staff of 21 physicians; town of 10,000, located short distances from several large cities; east; \$4800-\$5400, or more. (b) Modern small hospital; small town located in most attractive summer resort area of the White Mountain region. (c) To take charge of small hospital, located in winter resort area of northern state; preferably someone qualified to administer occasional anesthetic. MH1-2

**ANESTHETISTS**—(a) For assignment in South America; well equipped, general hospital, small size; preferably one willing to combine duties with ward supervising; substantial salary including complete maintenance, transportation. (b) New hospital of small size; town of 10,000, Texas; \$350, maintenance. (c) To join staff of anesthesiology, 25-man clinic long established in university town of 60,000; \$4200. (d) Two; fairly large hospital; interesting city outside Continental United States; \$300, transportation provided. MH1-3

**DIETITIANS**—(a) Administrative large sanatorium specializing in the treatment of pulmonary tuberculosis; pleasantly situated near university town of 80,000; \$3000-\$4000. (b)

#### MEDICAL BUREAU—Continued

Chief; to take charge of department in fairly new hospital operated under American auspices in South America; \$3500-\$4000 including maintenance allowance; knowledge of Spanish desirable. (c) Chief and, also, assistant; completely modern and well equipped department; approximately 40,000 meals monthly; centralized system; southeastern town of 35,000; \$250-\$300, complete maintenance. (d) Chief; 600-bed hospital; dietary service employs 100 persons including seven technicians; 2000 meals daily; active outpatient department; outstanding person required; \$5000. MH1-4

**PHARMACISTS**—(a) Chief; one of the leading hospitals in Chicago area; \$4200. (b) General hospital; 250 beds, town of 12,000 located on coast of California; \$3600-\$4800. (c) New general hospital, ultra modern, 300 beds; southeastern town of 150,000; excellent salary. MH1-9

**STAFF NURSES**—Two general duty and, also, surgical nurse; modern, well equipped hospital of small size; college town, southwest; \$200-\$220, maintenance. MH1-10

**SUPERVISORS**—(a) Obstetrical; one of Chicago's leading hospitals; opportunity for continuing studies; \$3600. (b) Central supply; small general hospital located in winter resort town; substantial salary including complete maintenance; Florida. (c) Psychiatric; to take complete charge of program for affiliating students in psychiatric nursing; new 40-bed unit of medical center; winter resort town, south. (d) Pediatric; large teaching hospital located in residential section of eastern city; minimum, \$3400. (e) Surgical; voluntary hospital of more than 200 beds; busy operating room department, preferably someone qualified to reorganize department; California; around \$3500. MH1-11

(Continued on page 202)



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N-5



# WANT ADVERTISEMENTS

## POSITIONS OPEN

### MEDICAL BUREAU—Continued

**MEDICAL RECORD LIBRARIANS** — (a) Chief; to take charge of department, 25-man group, 14 of whom are American Board men; organization controls general approved hospital of 200 beds; town of 40,000; northwest. (b) Assistant, 300-bed hospital, having medical school affiliation; university medical center; middle west. (c) Small general hospital located in large city of United States dependency; tropical climate; transportation provided. (d) Qualified to organize department; relatively new hospital of 85 beds; residential town, northern California. (e) Chief; university hospital having daily average of 230; out-patient service averages 4,000 visits monthly; south. (f) Chief; three hospitals comprising medical center; should be qualified to reorganize present set-up as well as supervise department. MH1-8.

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### MEDICAL PERSONNEL—Continued

**DIRECTOR OF NURSING**—Virginia; starting \$4200; maintenance includes apartment.

**DIETITIAN**—Children's orthopedic hospital; to \$4200, maintenance.

**DIRECTOR OUT-PATIENT DEPARTMENT**—250-bed Pennsylvania; to \$4000, maintenance.

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**RECREATIONAL DIRECTOR**—Capable of coordinating recreational activities of several departments in a psychiatric institute; psychiatric training not required, but ability to work with such people; woman preferred.

**TECHNICIANS**—(a) Laboratory; New Jersey; \$250, meals and laundry; housing available. (b) X-Ray; private hospital; California; \$3000, meals, laundry.

**MEDICAL SOCIAL SERVICE CASE WORKER**—New England; starting \$2600 for applicant without experience.

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(Continued on page 204)

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(Continued on page 206)

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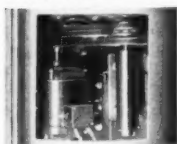
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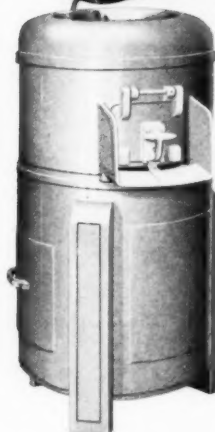
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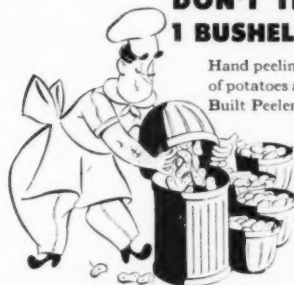
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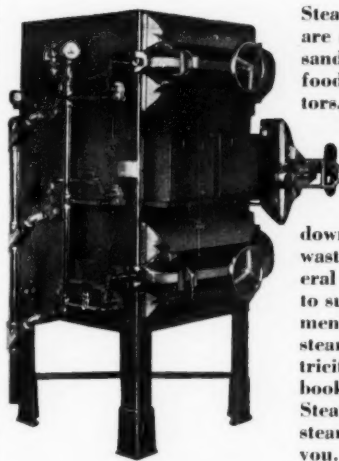
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(Continued on page 208)

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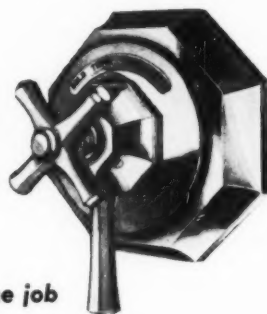
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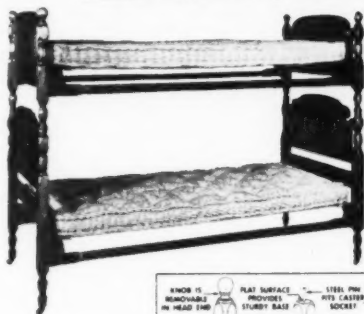
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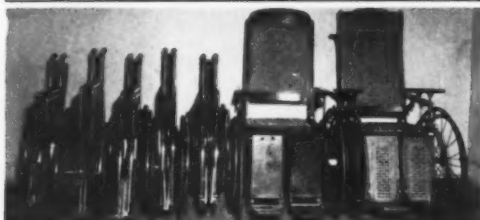


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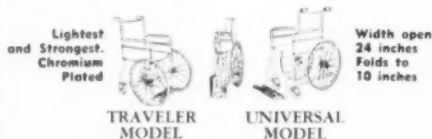
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SPLINTS

*Johnson & Johnson*

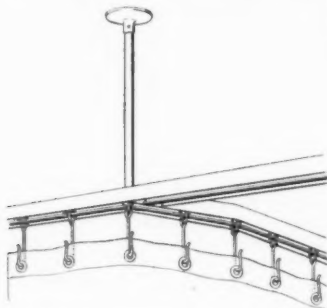
# What's New for Hospitals

JANUARY 1949

Edited by BESSIE COVERT

## Cubicle Screening Equipment

The new cubicle curtain track developed by Hill-Rom Company is con-



structed to overcome the problem of whipping curtains around corners without tugging or pushing. Construction of the new unit consists of a channel of 16 gauge cold rolled steel with an "I-beam" track of 24 gauge cold rolled steel, cadmium plated and spot welded in the channel. Nickel-plated brass rollers move smoothly and swiftly over the track whether on straight sections or around corners. Cadmium plated piano wire is used for the curtain hooks, from which the curtains are easily removed for cleaning. The system provides quiet, easy operation with screening curtains available for instant use when needed.

The track for each bed unit is made in one piece, without joints, supported by wall brackets and by a plastic rod which is firmly anchored in the ceiling. The channel and track can be enameled to harmonize with the wall finish if desired. There are no floor obstructions with this system which is simple to install. **The Hill-Rom Company, Inc., Dept. MH, Batesville, Ind. (Key No. 359)**

## Adhesive Dispenser

The Cut-Rak adhesive dispenser has been redesigned to allow for quicker, cleaner cutting of adhesive plaster. Only one hand need be used to remove the desired length of plaster from the roll. The plaster is pulled from the roll to the desired length, the cutter slides easily across the plaster which adheres lightly

to the guide runners, and the plaster is lifted from the Cut-Rak. Plaster can thus be used directly from the roll and need not be placed in its various lengths and sizes on the side of the examining or treatment table. **The Seamless Rubber Co., Dept. MH, New Haven 3, Conn. (Key No. 352)**

## Cadillac Ambulance Motor

The 1949 Cadillac ambulances, as well as all 1949 Cadillac cars, will be powered by the new Cadillac high speed, high compression engine which has been under experiment and test for more than ten years. An original conception of valve-in-head V-type 8, the new engine has a proved decrease in fuel consumption under most driving conditions while giving increased power and speed. **Cadillac Motor Car Div., General Motors Corp., Dept. MH, Detroit 32, Mich. (Key No. 353)**

## Surgical Green Gloves

Neoprene Rollpruf surgical gloves are now available in a new color known as surgical green. This color was adopted for neoprene gloves primarily to make them immediately distinguishable from latex rubber gloves, even after markings have worn off or become illegible. In addition, the color is restful and it does not in any way affect the quality or performance of the gloves. **The Pioneer Rubber Co., Dept. MH, Willard Ohio. (Key No. 354)**

## Letheray Units

New Letheray units have been designed for use in protecting stored foods, drugs and other products from air-borne bacteria and mold spores. They may be mounted flush on ceilings or over tables and conveyors in store rooms, kitchens and other locations where supplies are stored or handled. These ultraviolet units are designed for direct irradiation of supplies or of the surrounding air. The units are equipped with adjustable louvers which can be set to direct or baffle the germicidal rays as desired. They are also suitable for protection of personnel through destroying air-borne bacteria. **Hanovia Chemical & Mfg. Co., Dept. MH, Newark 5, N.J. (Key No. 355)**

## Surgical Soap

The new Septisol Water Conditioned Surgical Soap is designed to be mixed with ordinary tap water and still remain clear and provide the maximum in cleansing efficiency. The soap was developed to overcome the causes of soap irritation; the effect of alkalinity on the skin and the defatting of the skin by the cleansing action. An organic sequestering agent has been added to the new soap to overcome the effects of hard water, thus it dilutes clear with water of even above average hardness. The soap has been thoroughly field-tested in hospitals with exceptionally satisfactory results. **Vestal, Inc., Dept. MH, 4963 Manchester Ave., St. Louis 10, Mo. (Key No. 356)**

## Babybeauty Crib Mattress

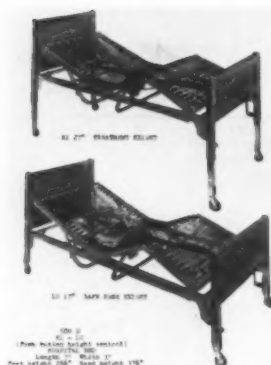
The new Babybeauty crib mattress has been developed by Simmons Company to conform to standards established through a survey conducted among physicians, pediatricians, obstetricians and general practitioners. It has been proved superior in firmness, resilience, construction, coil strength, rust resistance of cover, urine resistance of cover and thread count of cover through laboratory tests conducted by the U. S. Testing Company.

The new mattress is designed to give firm support for the child's back and the Perma-Posture inner padding stays flat, level and free from hollows even after tests duplicating years of service. The Slumber Seal cover is actually washable and will not crack or peel. Inner construction of the mattress consists of



70 balanced coil springs which were especially designed for scientific support of the baby's weight. **Simmons Company, Dept. MH, Merchandise Mart, Chicago 54. (Key No. 357)**

### Hi-Lo Bed



The Hi-Lo bed is designed to permit the patient to rest at normal home bed height of 17 inches but to be raised comfortably and smoothly to treatment height of 27 inches in a matter of 55 seconds. The bed has been thoroughly hospital tested and was developed to increase patient safety and minimize the possibility of injury from bed falls, to reduce nursing service time and to promote early ambulation and patient comfort.

The bed is raised or lowered by mechanism concealed in the end tubing with a motor unit below the spring. It is operated by a three position toggle switch in the footboard which is not accessible to the patient. The bed can be operated to be level with the height of any wheeled stretcher but automatically stops at the high or low level. The 1/4 h.p. lifetime brushless motor has sealed-in lubrication.

The bed has a standard two-crank gatch type spring with telescoping cranks, 3 inch ball-bearing casters with two brakes and covered sockets to receive standard irrigation rods or Balkan frames. It is available in the de luxe model with inset head and foot panels of Frosted Walnut with end tubing finished in satin chrome and the standard model without panels and with tubing finished in enamel. Hospital Furniture, Inc., Dept. MH, 936 N. Michigan Ave., Chicago 11. (Key No. 358)

### Light Directing Glass Blocks

New prismatic light directing glass blocks have been developed for use on elevations exposed to direct sunlight. The improved prism construction on the interior of the blocks is designed to minimize brightness contrast to give a uniform diffusion by redirecting transmitted light to the ceiling and rear of the room.

Soft-light edge blocks are another new development to control brightness con-

trast between edges and block faces. Introduction of an intermediate glass composition between the halves of glass blocks during the sealing operation controls light diffusion and edge brightness of the blocks. The new block transmits just enough light to provide a comfortable transition between the lighter block surface and the darker mortar joint. Pittsburgh Corning Corp., Dept. MH, 632 Duquesne Way, Pittsburgh 30, Pa. (Key No. 359)

### Electric Hand Drier

The new electric Airtowel hand drier operates by means of a sturdy foot switch mounted on a heavy steel platform. The universal motor with self-oiling bearings provides instant hot air which dries hands in approximately 40 seconds. The heating element is constructed to give long, trouble-free service and operates on 115 volts AC or DC. The unit is easy to install and inexpensive to operate. Morici Products Corp., Dept. MH, 835 W. Madison St., Chicago 7. (Key No. 360)

### Yale Heavy Duty Tubular Locks



The new line of Yale Heavy Duty Tubular Locks contains five basic locksets, with four of them having the optional deadlocking bolt to make nine different models. They include all important lock functions, from a connecting door with a plain latchbolt to an entrance door where double lock cylinders are required. Yet all models are uniform in appearance and completely interchangeable. A feature of the new line is the fact that total installation time is only about 10 minutes, thus making possible a great saving of time in new construction where many locks must be installed.

Each new lock is especially packaged in four units at the factory to facilitate installation. The locks are so designed as to fit doors of different thicknesses and the key-in-the-knob feature of the new locks simplifies the detail on the faces of doors. The locks contain self-lubricating, anti-friction latchbolts for quiet, easy operation, they can be master-keyed or keyed alike with other Yale locks, are made of pressure-formed metals for extra durability and finished in polished or dull brass, bronze and chrome. The Yale & Towne Mfg. Co., Dept. MH, Stamford, Conn. (Key No. 361)

### Paint Remover

Oakite Composition No. 15 is a cold solvent material designed to remove paint and similar finishes from metal surfaces with a minimum of time and effort. It can be used on steel, galvanized iron, aluminum, copper and brass without harming the metal. It can be applied by immersion, swabbing or brushing after which loosened paint particles are removed by hot pressure-rinse. Oakite Products, Inc., Dept. MH, 118B Thames St., New York 6. (Key No. 362)

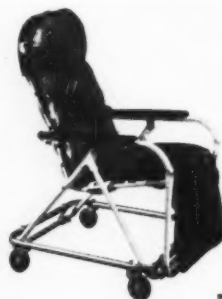
### Fire-Resistant Finish

Fyr-Kote is a fire-resistant finish which has all the qualities of fine paint with fire-retardant chemicals added. The product resists fire by a chemical reaction which releases carbon dioxide to smother flame, a tough fusion film which forms to reduce heat and oxygen reaching the wood fibers and the use of a non-inflammable resin base.

Fyr-Kote is available in Interior Flat Finish which is washable and comes in white and five pastel tones, Brilliant Base Coat, which is a white interior undercoat, and Brilliant Finish, which is a lustrous white enamel. The Fyr-Kote Co., Dept. MH, 1823 Washington Ave., St. Louis 3, Mo. (Key No. 363)

### BarcaLoafer Dolly

The comfortable, reclining chair known as the BarcaLoafer can now be converted into a smoothly riding wheel chair through placing it on a special dolly developed for the purpose. Made of tubular steel mounted on ball-bearing wheels, the dolly makes the BarcaLoafer mobile while permitting full operation of the chair from a normal sitting position to one of full reclining following the natural contours of the body. A brake attachment for the front wheels keeps



the chair stationary when desired. Barcalo Mfg. Co., Dept. MH, Buffalo 4, N. Y. (Key No. 364)

### Operating Uniform

Functionally designed operating room garments have been developed to provide greater comfort and adjustability. The operating gown has a bias collar of four ply fabric which fits snugly and softly to the neck, the collar flattening out to a V at the center back which holds it firmly in place. The reinforced placket in the back covers a dart which permits the gown to lie flat across the front, eliminating bulkiness. Tie straps are strongly inset with full box pleats. The high set sleeves give a wide arm-hole providing free arm action. The extra long knitted wrist sections provide easier arm and hand movement and the garment is full cut without looseness.

The scrub suit is a one piece unit combining comfort with practicability. Adjusting straps permit fitting it to all sizes through the crossed shoulder straps and belt loops. Full front opening with Grippit Closures makes it easy to get in and out of the suit. The skull cap with wide band and crown of same material or open mesh is provided with three Grippit Closures for adjustment to all head sizes.

All garments are made of Dixie Poplin, a sturdy Sanforized fabric allowing maximum air circulation, soft to the touch but with high tensile strength which will stand up under severe wear and continuous laundering. All three pieces are available in a soft shade of blue designed to reduce eye strain and developed by Reeves Brothers, Inc., textile manufacturers.

All garments are "sturdiscam" stitched, reinforced at all points of strain and tailored for comfort. The three pieces come in medium and large sizes and are so designed as to be adjustable to all builds. **The Blaine Co., Dept. MH, 321 Market St., Philadelphia 6, Pa. (Key No. 365)**

### Unit Heater

Modern cabinet design and variable fan speed adjustment are features of the new Webster-Nesbitt Series R Unit Heater. The new de luxe model is designed for use where low noise levels are essential and it may be adjusted to



higher speed for larger heating capacity. Consisting of copper tubing and aluminum fins, the non-ferrous heating element

is of the hairpin circuit type with supply and return headers on one end and return bends at the opposite end. It is suitable for steam or forced hot water circulating systems.

The new heater is available in four sizes and the standard motor is a resilient-mounted, constant speed type. The cabinet is of furniture steel finished in lizard brown featherweave or neutral gray prime with attractively designed louver type inlet and discharge grilles. The front is easily removed when necessary and the units can be arranged for vertical, horizontal, wall or inverted mounting. **Warren Webster & Co., Dept. MH, Camden, N. J. (Key No. 366)**

### Demountable Steamer Door

Demountable steamer compartment doors, which can be quickly removed for easy cleaning, are now available for Steam-Chef Cookers. The new door is

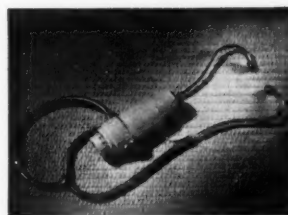


made of aluminum so that it is light in weight and sanitary. It will be standard equipment on all new Steam-Chef models and is offered as a conversion feature on all previous models. **The Cleveland Range Co., Dept. MH, 3333 Lakeside Ave., Cleveland 14, Ohio. (Key No. 367)**

### Automatic Coffee Brewing

Push button automatic controls are now available on Cory coffee brewing equipment to assure consistent coffee quality. Known as the Cory Push-Button Automatic Coffee Brewing System, Model C500-A, the unit controls the measuring of the coffee for uniformity of strength; measurement of the water; temperature of the water to ensure proper brewing, and infusion time to prevent over-brewing of the coffee. The new unit ensures uniform results when the same quality of coffee is used and reduces personnel time for supervision. **Cory Corp., Dept. MH, 221 N. La Salle St., Chicago 1. (Key No. 368)**

### Electronic Stethoscope



A new electronic pocket sized stethoscope has been developed which has received the approval of the Council on Physical Medicine of the American Medical Association. Known as the Amedico, the unit is small, light, powerful and self-contained, including the batteries, in a streamlined plastic case. Shorter than a fountain pen and no thicker than a small flashlight, the stethoscope takes up little space.

The sensitive, powerful, high fidelity unit has true vacuum tube amplification and clarity. Three perfected and tested sub-miniature vacuum tubes provide more than ample amplification for heart and lung sounds. There is no change in binaurals or in listening technics and an easily adjusted tone control provides for amplifying selected frequencies as desired. **American Medical Instrument & Supply Corp., Dept. MH, 5 N. Wabash Ave., Chicago 2. (Key No. 369)**

### Non-Slip Floor Polish

Safe-T-San is the name of a new non-slip floor polish designed to reduce the slipperiness of any flooring material. Made of synthetic resins, the product contains no wax, yet dries to a bright finish. The product has proved to be a durable protection for floors, thus simplifying maintenance, while reducing the possibility of slipping. It is easily applied with a lamb's wool mop, is self-leveling and dries in approximately 20 minutes. Safe-T-San is economical and gives floors an attractive finish. **Huntington Laboratories, Inc., Dept. MH, Huntington, Ind. (Key No. 370)**

### Fluorescent Sunlamp

The new fluorescent sunlamp has the appearance of a regular fluorescent lamp but has five times the ultraviolet output of the bulb-type sunlamp. Development of the light was made possible by the new suntan phosphor recently developed which is used to coat the inner wall of the tube. The lamp operates on the same circuits as a fluorescent lamp but should be mounted in specially designed fixtures. **Westinghouse Electric Corp., Dept. MH, Pittsburgh 30, Pa. (Key No. 371)**



### Disposable Nursing Bottle



The Shellie Disposa-Bottle is a new departure in infant feeding. Made of polyethylene, a pliable plastic substance, Shellies are soft, strong and completely sterile and are used once and discarded, thus eliminating the need for washing and sterilizing bottles. The new bottle is practically unbreakable, is economical and convenient.

A new kind of "natural action" nipple which cannot collapse is used with the bottle and allows the infant to nurse naturally as with breast feeding. Aluminum inner rings and plastic outer locking rings hold the nipple firmly in place when the bottle is filled. Shellies were invented by a nurse and are the result of years of experiment and testing. They are easy to assemble with the Shellie Nursery Kit and are sterile and leak-proof when ready for use. After filling, they may be stored conveniently until ready for use and are brought to body temperature in one minute under a hot water tap.

The bottles come in a long roll, each one sealed off from the next, and each is quickly cut off from the roll with scissors, filled with formula, fitted with sterile nipples and stored until ready for use. Air is squeezed out of the pliable bottle before use and the bottle provides a soft, warm surface for the infant to grasp. It collapses as it is emptied, thus eliminating back-pressure and air ingestion. **Shellmar Products Corp., Dept. MH, Mt. Vernon, Ohio. (Key No. 372)**

### Locking Pushbutton

The new Type HLS Reset Locking Pushbutton for nurses' bedside calling stations is a new addition to the complete line of Cannon hospital signal equipment. The improved design incorporates the most modern construction features together with a cord relief grommet to prevent wire breakage from continual bending.

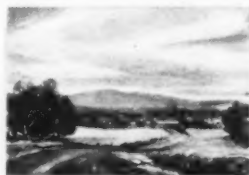
The new unit is small, light in weight, with a red translucent push end, a shock-proof plastic front section and a polished metal end bell. It has a minimum of moving parts with a simple mechanism. To summon a nurse, the button is released and the buzzer stops although all

lights in the system remain lighted until the nurse resets the button. Type HLS is adapted to all button call systems now in general use and has a 5 contact plug end with 7 feet of flexible rubber cord. **Cannon Electric Development Co., Dept. MH, 3209 Humboldt St., Los Angeles 31, Calif. (Key No. 373)**

### Conrad Prints

Specifically and scientifically designed for hospital use to be of help and interest to the patient, Conrad Prints are a set of four landscapes reproduced in full, rich color from watercolors by Mary and Arthur Conrad. The result of four years of study by the artists of the hospital picture problem, the prints are designed to meet the needs of the patient, the requirements of the hospital and high art standards.

Colors in the prints will harmonize with a wide variety of decorative schemes, the pictures are designed and scaled to be seen best from across a



room and the semigloss lacquered finish, without glass, permits the picture to be viewed without obscuring light reflections. The pictures are washable and durable, are coated front and back and on the edges with a washable lacquer, are mounted on hardboard of wood fiber so they are lightweight and easily hung and are moderately priced. They may be used in nurses' homes, waiting rooms, hallways and other locations as well as in patients' rooms. **Arthur Conrad, Dept. MH, 4223 Four Mile Run Drive, Arlington, Va. (Key No. 374)**

### Gas Burners

The new Lientz series 'SP' Gas Burner is now available in five sizes providing a range from 150,000 to 2 million BTU's for steam and hot water supply boilers, hot air furnaces and special heat applications. The use of stainless steel in the mixing plate eliminates warping and cracking and multiple-orifice burner tips of stainless steel break the gas into a fine spray and permit intimate contact with the air necessary for combustion. **B. P. Lientz & Co., Dept. MH, Kansas City 13, Mo. (Key No. 375)**

### Porocel Hospital Sheeting

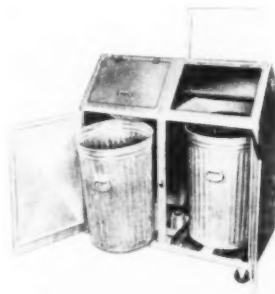
Porocel Hospital Sheeting is described by the manufacturer as a completely waterproof fabric which has millions of microscopic pores which allow moisture vapor to pass through but not liquid. Thus it provides full mattress protection but remains drier, cooler and more comfortable for the patient, thus reducing the possibility of skin irritations.

The new sheeting can be laundered like wool, hung to dry and run through a mangle. When thoroughly dry it can be folded for storage. It resists fire, withstands the action of commonly used oils and antiseptics and is sanitary since it can be laundered by ordinary methods. **Minnesota Mining & Mfg. Co., Dept. MH, 900 Fauquier Ave., St. Paul 6, Minn. (Key No. 376)**

### Garbage Container

Sanicon is a container which completely encloses refuse cans and keeps them fumigated with a special chemical compound built into a receptacle in the bottom of the unit. The hinged lid cannot be lost or broken and it will remain open when raised all the way, thus allowing the use of both hands for disposing of refuse. Metal aprons beneath the top doors tunnel the garbage into the inside cans without spilling, the lid is closed and the garbage is kept free from vermin, flies, rodents and other pests and gives off no odor.

Constructed of aluminum alloy, Sanicon is rustproof and can be used either indoors or outdoors. It is mounted on 3 inch rubber-tired ball-bearing casters and thus is easy to move to the site of garbage pick-up or disposal. Sanicon cannot be overturned. The deodorant, containing 5 per cent DDT, is harmless to humans and needs replacing only at 6 month intervals for maximum effectiveness. Sanicon is available in double size, holding 2 cans up to 26 gallons



capacity each, and in single size. **The Sanicon Co., Dept. MH, Western Union Bldg., Norfolk, Va. (Key No. 377)**



### Heavy Duty Line of Ranges

A complete new line of heavy duty ranges and attachments is being announced by Detroit-Michigan Stove Company. Improvements in the line include the new Flo-Line design, larger Even-Temp oven, loop style oven burner, new systems of flue ventilation, new Dura-Bilt oven heat control, new type Under-Lock high shelf brackets and new Co-Designed attachments.

The line of ranges has been completely redesigned from base to high shelf to provide new efficiency, convenience, economy and attractive appearance. Known as the 45-29 series, the new line includes ranges with all hot top, open top and fry top, all with or without ovens. Attachments are also redesigned and provide important new features. **Detroit-Michigan Stove Co., Dept. MH, 6950 E. Jefferson Ave., Detroit 31, Mich. (Key No. 378)**

### E & J Commode Chair

The new E & J Commode Chair is a lightweight, folding device which folds flat and can be kept in a small space when not in use and which provides a strong, comfortable seat when in use by the patient.

The chair is chrome plated and has four swivel casters, permitting it to be easily placed with the patient in position. A single detachable arm permits seating the patient from either side, the arm attached on either side as needed. An extra arm is available if desired for additional support. Other accessories include universal footboards and strap footrest and telescopic handles. The seat is in one piece, 16 inches square and 18 inches from the floor. **Everest & Jennings, Dept. MH, 7748 Santa Monica Blvd., Los Angeles 46, Calif. (Key No. 379)**

### Floor Maintenance Machine



The new improved American DeLuxe Floor Maintenance Machine has the new "Safety Grip" handle and is avail-

able in 13, 15 and 17 inch brush spread. Attractively designed, the new machine has highly polished aluminum castings throughout and can be used with a wide selection of brushes and attachments. The machine is designed and powered to handle discing, sanding, polishing, buffing and steel wooling.

The new "Safety Grip" handle can be easily controlled with either hand or both hands. Each handle incorporates a switch for positive off-on action when gripped, which provides a greater degree of safety. Other improvements include new water resisting composition fiber wheels and a bumper designed to protect furniture. **American Floor Surfacing Machine Co., Dept. MH, Toledo 4, Ohio. (Key No. 380)**

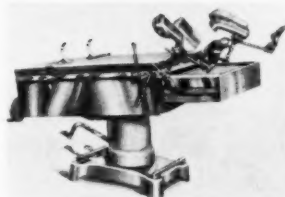
### UniTrane Air Conditioner



The Type MC UniTrane Multi-Room Air Conditioning System has been developed for hospitals and other institutions with many small rooms to be air conditioned. Similar in appearance to earlier room conditioners, the UniTrane operates from a simple piping system that delivers chilled water for the cooling season and hot water for the heating season.

This two-circuit unit has the original circuit for warming, cooling, filtering and circulating the room air, and in addition it has an independent circuit which introduces ventilation air, warms or cools it, filters it and regulates its moisture content before blending it with the room air circuit for room distribution. This single unit, compact, attractive and space saving, is installed in each room together with its own thermostat for temperature control, its own moisture control and its own ventilation system. There are no ducts or complicated parts, the fans and motors require only infrequent attention, and it is simple to operate. The unit is streamlined and attractive in appearance and occupies a minimum of space while doing its job efficiently and simply. **The Trane Co., Dept. MH, La Crosse, Wis. (Key No. 381)**

### Obstetrical Table



The new Shampaine Hampton Table is an obstetrical table with head-end controls and one piece top with disappearing leg sections. All important adjustments can be regulated by the anesthetist without leaving normal seated position. The table is easily converted from labor to delivery position and the table top adjusts from horizontal to Trendelenburg or Fowler positions.

The table can be raised or lowered from 32 to 43 inches in height by a single-piston hydraulic elevating pump operated by a single pedal. There is ample foot room because of the design of the base which is of sufficient weight to assure stability at all times. A foot pedal raises the base to permit moving the table on double-wheel heavy-duty swivel casters, when desired. The table top can be released for horizontal rotation when desired. **Shampaine Company, Dept. MH, 1920 S. Jefferson Ave., St. Louis 4, Mo. (Key No. 382)**

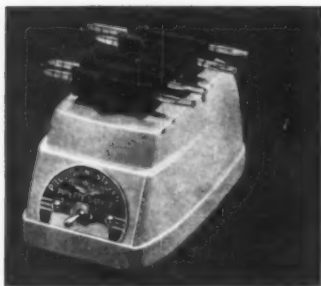
### 4 Burner Coffee-Vac

A new four burner Coffee-Vac for making coffee and keeping it hot until served is now available in a cord attached plug-in style which requires no special electrical connections. Two high-low burners in the upper tier provide for making coffee as well as keeping it hot and two low heat burners on the lower tier keep coffee hot. Individual switch controls are provided for all heats and the attractive, compact unit is finished in satin chrome. **National Stamping & Electric Works, Dept. MH, 3212 W. Lake St., Chicago 24. (Key No. 383)**

### Paint Amplifier

Paintmor is a new product designed to be added to paint to increase the quantity without affecting the quality of the original product. When mixed with Paintmor the paint is said to be easier to apply by brush or spray, to have better consistency and to become a more homogeneous mixture. It may be used with paint of any color and is available in 1 and 5 gallon cans and in 55 gallon drums. **Paintmor, Inc., Dept. MH, P.O. Box 314, West Orange, N. J. (Key No. 384)**

### Pipette Shaker



The new streamliner pipette shaker is available in two models, 4 unit and 8 unit. Its improved design adds to uniformity of results while giving the unit an attractive, streamlined appearance. Agitation can be varied from gentle to vigorous by turning the adjustable speed knob and the special rubber holder accommodates either all red, all white or any combination or assortment of red and white blood pipettes. The shaker is virtually friction free, has no motor or moving parts, requires no lubrication and is sturdily constructed for long wear. Precision Scientific Co., Dept. MH, 3737 Cortland St., Chicago 47. (Key No. 385)

### "Up-Right" Scaffolds

"Up-Right" Scaffolds of aluminum alloy are designed to do the entire job of building maintenance work easily, safely and at savings in time and cost. Scaffolds are available in multiple section units for any height desired. A 7 foot, single section unit can be erected in 7 minutes while a 45 foot, multiple unit takes only 15 minutes to erect. Once erected the unit can be rolled along the ground or floor to any desired position. Instantly adjustable legs provide stability and desired working level.

A safety tread stairway permits the user to mount the scaffold entirely within the structure. When not being used, the sections fold flat with a simple lock-in feature which requires no wrenches, wing nuts or bolts. The light weight of the unit adds to the ease of handling. "Up-Right" Scaffolds, Dept. MH, 1015 Pardee St., Berkeley, Calif. (Key No. 386)

### Corrugated-Sponge Matting

A new type of floor matting has been introduced which combines long wearing qualities with exceptional resiliency. A 1/4 inch corrugated rubber matting black solid top surface is applied to a 3/16 inch sponge rubber base to form the new Corrugated-Sponge rubber matting. It is designed for use in hospital

corridors, laboratories, back of registration desks and in other places where personnel must stand since the combination matting provides comfort and silence while helping to reduce fatigue. It is provided in 36 inch widths in lengths up to 25 yards. American Mat Corporation, Dept. MH, 1719 Adams St., Toledo 1, Ohio. (Key No. 387)

### "Complete Bassinet"

The "Complete Bassinet" has been developed to provide individual care for well as well as sick babies, without the necessity of cubicle arrangement in the nursery. The unit has an adjustable metal basket of standard size which is shielded on three sides by a 20 inch high transparent plastic Lucite screen 1/8 inch thick. Storage compartments to hold the needed supplies for the infant are open at the front and have a 2 inch opening at the rear at shelf level for ease of cleaning. The units are thoroughly ven-



tilated and easy to keep in sanitary condition.

A removable, sterilizable, stainless steel tray, which can be pulled out like a drawer when needed, is provided for holding oil, alcohol, applicators and similar supplies. Mounted on ball-bearing wheels, the unit is completely mobile and thus can be wheeled to the mother's room where the rooming-in technic is practiced. The "Complete Bassinet" is 33 inches long, 16 inches wide and 48 inches high. Hospital Supply & Watters Laboratories, Inc., Dept. MH, 155 E. 23rd St., New York 10. (Key No. 388)

### Portable Rechargeable Hand Lamp

The new No. 312 portable electric hand lamp has a built-in charger by means of which the battery can be recharged by merely plugging one end of the cord into an ordinary lighting circuit. Thus the light is always ready for emergency. It has a 4 volt lamp, specific gravity indicators to warn when

the battery needs recharging and a spill-proof battery casing. The lamp throws a powerful 2000 foot beam of light. U-C Lite Mfg. Co., Dept. MH, 1050 W. Hubbard St., Chicago 22. (Key No. 389)

### Frigidaire "Meter-Miser"

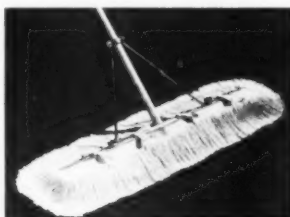
A model of the "Meter-Miser" for commercial and institutional refrigeration has been developed by Frigidaire. This new lightweight, rotary refrigeration mechanism is contained in a small compact package weighing little more than 85 pounds. The improved design and engineering have simplified the mechanism so that the compressor has only two simple parts that move. The refrigerant condenser is mounted on a liquid refrigerant receiver and a small horizontal electric fan cools the unit. The mechanism is sealed and self-oiling.

Three models of the new unit are available to provide for varying capacities. The new unit is adaptable to a wide variety of installations requiring remote type refrigerating mechanism. It can be installed in corners, under counters or can be suspended from the ceiling. Frigidaire Div., General Motors Corp., Dept. MH, Dayton 1, Ohio. (Key No. 390)

### "Big X" Dust Mop

The new "Big X" Dust Mop is an efficient, sturdy maintenance tool for the rapid dusting of floors in rooms, corridors and other areas. The specially selected yarn, which picks up and holds dust particles on slightest contact, assures good results.

The handle is firmly set in a hardwood block on which is fastened the one-piece, heavy, Sanforized duck covering. The white cotton twine yarn for dusting is securely sewed to the duck by a new double lock stitch method designed to prevent yarn from pulling out. The mop can be easily removed from the block for washing and is so constructed as not to scratch or mar floors or furniture. The mop is available in sizes from 12 to 60 inches and is built for long,



efficient service. American Standard Mfg. Co., Dept. MH, 2505 S. Green St., Chicago 8. (Key No. 391)

## Pharmaceuticals

### Testosterone

Testosterone, the androgenic compound used in the treatment of hypogonadism and other androgen-deficient states as well as in a number of female disorders, is available as Testosterone propionate in oil solution in 10 cc. Steri-Vials in 2 strengths containing 25 mg. per cc. and 50 mg. per cc., and as Methyltestosterone for oral administration in doses of 30 to 60 mg. daily. **Parke, Davis & Co., Dept. MH, Detroit 32, Mich.** (Key No. 392)

### Bacitracin

Bacitracin is a new antibiotic of particular value for local application. It has a range of activity similar to penicillin but its effectiveness increases in direct proportion to its concentration and some organisms which develop a resistance to penicillin appear to remain sensitive to bacitracin. It may be combined with penicillin, streptomycin or sulfonamide therapy.

The product has proved satisfactory for local use and is available as Bacitracin-topical, a sterile powder for preparation of solutions for wet dressings, irrigations and local instillations; Baciguent, an ointment containing 500 units per Gm., and Baciguent-Ophthalmic, an ophthalmic ointment containing 500 units per Gm. **The Upjohn Company, Dept. MH, Kalamazoo 99, Mich.** (Key No. 393)

### Pazillin

Pazillin is the name of the new Sharp & Dohme penicillin product providing double the duration of action for a single injection because of slow absorption. Each dose contains 300,000 units of penicillin suspended in oil and gelled by the addition of aluminum stearate. The product is indicated in the treatment of all infections in which penicillin is used and particularly in those infections requiring prolonged penicillin blood levels. **Sharp & Dohme, Inc., Dept. MH, Philadelphia 1, Pa.** (Key No. 394)

### Pacodein "Rorer"

Pacodein "Rorer" is a new preparation reported to be of value in alleviating the discomfort attending the common cold. Containing codeine sulfate and papaverine hydrochloride, the product is supplied in bottles of 100 and 500. A Federal Narcotic order is required. **William H. Rorer, Inc., Dept. MH, 901 Drexel Bldg., Philadelphia 6, Pa.** (Key No. 395)

## Product Literature

• A brochure on "Fibretone, the 'quiet' ceiling with one hundred thousand noise traps" has been issued by Johns-Manville, 22 E. 40th St., New York 16. Points covered in the brochure include how Fibretone quiets noise economically, where it may be used to advantage, pattern or design possibilities, erection details and specifications on Fibretone. (Key No. 396)

• Detailed information on "Prostigmin 'Roche'" is given in an attractively printed, carefully prepared booklet on this product issued by Hoffmann-La Roche Inc., Nutley 10, N. J. Therapeutic accomplishments of Prostigmin as well as experimental indications are discussed and a full bibliography is included. (Key No. 397)

• An attractively laid out and printed booklet on "Prenatal Care With Suggestions for the Reception and Care of the Baby" is offered by Carnation Company, Oconomowoc, Wis. In addition to the section on prenatal care, the booklet gives helpful information for the mother after the baby's arrival. It is available for distribution in prenatal clinics and to new mothers. (Key No. 398)

• "Everything in Radio and Electronics" is the title of the new 1949, 180 page catalog issued by Allied Radio Corp., 833 W. Jackson Blvd., Chicago 7. All equipment is presented in organized sections with items indexed for easy reference. (Key No. 399)

• The new catalog of plumbing equipment issued by the Kohler Company, Kohler, Wis., is a reference book of value to administrators, architects and building-equipment committees. Commemorating the 75th anniversary of the Kohler Co., the 144 page catalog is fully illustrated with complete, concise descriptive information covering plumbing equipment for bathrooms, washrooms and kitchens as well as details of drinking fountains, urinals and other fixtures. Floor plans and illustrations of matched sets are offered as suggestions for architects and administrators. (Key No. 400)

• The new 40 page catalog of "Goodform Aluminum Chairs" is, as it states, "a portfolio for the institutional buyer." The attractively designed and printed catalog, issued by the General Fireproofing Company, Youngstown, Ohio, gives information on the company, the product and the users of the product. Photographs of Goodform Aluminum Chairs of various design are shown in color with additional photographs of installations. (Key No. 401)

• The recommended step-by-step technic for administration of intravenous solutions is shown in a new film-strip, "1,000 cc. 5 per cent Dextrose i.v.," released by Cutter Laboratories, Berkeley 1, Calif. The 35 mm. black and white film-strip comes complete with detailed captions and can be stopped at any point to permit discussion. Manufacturing processes used to produce sterile, pyrogen-free solutions are shown in the second half of the film which runs for 15 minutes. (Key No. 402)

• "Prosperity Laundry Equipment for Hospital and Institutional Laundries" is the title of a leaflet issued by The Prosperity Company, Inc., Syracuse 1, N. Y. The 12 page leaflet gives descriptive information on automatic washers, Formatrol cycle timers, centrifugal extractors, nurses' uniform finishing unit and other equipment of particular interest for the hospital laundry together with suggested layouts for this department. (Key No. 403)

• Edward Weck & Co., Inc., 135 Johnson St., Brooklyn 1, N.Y., has issued a catalog and price list on "Nasal Surgery and Plastic Suture Sets." The instruments described and illustrated in the 8 page booklet are those used in the Plastic Surgery Service of the Manhattan Eye, Ear and Throat hospital. (Key No. 404)

• The result of many years of study, investigation and findings on "Teramine, an Effective Disinfectant Germicide and Sanitizer" is presented in a booklet issued by West Disinfecting Co., 42-16 West St., Long Island City 1, N. Y. The 16 page book is divided into three parts presenting the properties and general nature of Teramine, specific methods of application and technical data and scientific information. (Key No. 405)

• Illustrations showing each step to be taken in the proper care of various types of floors and supplemented with written explanations are features of a new booklet, "How to Care for Your Floors," issued by S. C. Johnson & Son, Inc., Racine, Wis. The 20 page guide covers care of rubber, asphalt tile, wood, cork, linoleum, concrete and terrazzo floors. Practical hints for cutting maintenance costs, suggestions for a daily maintenance plan and complete catalog information on Johnson products are also included in the booklet. (Key No. 406)

• Catalog 900 issued by Sarco Company, Inc., Empire State Bldg., New York 1, gives detailed information on the new steam and water mixer developed by this company to provide hot water at isolated points. ((Key No. 407)

• A new catalog has been issued by S. Blickman, Inc., Weehawken, N. J., covering "Value Line Stainless Steel Sinks." Fully illustrated, the new catalog contains complete specifications on the 16 variations of these heavy-duty fully welded sinks with round corner construction, seamless surfaces and lever-handle waste outlet which has an externally operated handle for opening and shutting the valve. The line includes 1, 2 and 3 compartment sinks, all available with 1 or 2 drainboards on right or left or both or without drainboards. (Key No. 408)

• "The Treatment of Tuberculosis with Streptomycin" is the title of a booklet issued by Merck & Co., Inc., Rahway, N.J. Case histories are given with x-ray and kodachrome prints as illustrations. A bibliography is included. (Key No. 409)

• "How to Choose the Right Heating Equipment" is the title of a helpful booklet prepared by the Anthracite Institute, 101 Park Ave., New York 17. Up-to-date information on hard coal burning equipment and its uses is presented. (Key No. 410)

• The new 28 page catalog issued by The Ohio Chemical & Mfg. Co., 1400 E. Washington St., Madison 10, Wis., gives full information on "Scanlan-Morris Operay Surgical Lights." Explosion-proof and standard model Operay Multibeam lights are included in the extensive line described in the booklet which contains full page installation diagrams and photographs of actual installations. (Key No. 411)

• A revised edition of "A helpful guide for Bathing Baby and Care of Baby's Skin" has been made available by The Mennen Co., Newark 4, N. J. The folder gives detailed instructions for properly cleansing the baby and has a photo guide for handling and bathing the baby which would make it helpful to new mothers leaving the hospital. (Key No. 412)

• "The Principles of Penicillin Therapy and Their Practical Application" is the title of an attractively printed, informative 32 page booklet issued by C.S.C. Pharmaceuticals, a division of Commercial Solvents Corp., 17 E. 42nd St., New York 17. The booklet is designed "to present, in addition to the general principles of penicillin therapy, the accumulated experience with penicillin in the management of the many conditions in which this antibiotic appears indicated." (Key No. 413)

### Book Announcements

Lea & Febiger, Washington Square, Philadelphia 6, Pa. Buchanan, "Functional Neuro-Anatomy," 242 pp., \$6.50. "Gray's Anatomy of the Human Body," 25th ed., revised by Charles Mayo Goss, M.D., 1478 pp., \$14. Herbut, "Surgical Pathology," 710 pp., \$12. Joslin, "Diabetic Manual," 8th ed., 260 pp., \$2.50. Noyes, "Oral Histology and Embryology. With Laboratory Directions," 6th ed., revised by Schour and Noyes, 443 pp., \$7.50. Spaeth, "Principles and Practice of Ophthalmic Surgery," 4th ed., 1044 pp., \$15. (Key No. 414)

The Williams & Wilkins Co., Mt. Royal & Guilford Aves., Baltimore 2, Md. Albright and Reifenstein, "Parathyroid Glands and Metabolic Bone Disease, 410 pp., \$8. (Key No. 415)

### Suppliers' Plant News

B. H. Lawson Associates, Inc., Fund-Raising Counsel, announces removal of its offices from 200 Sunrise Highway to 307 Sunrise Highway, Rockville Centre, N. Y. (Key No. 416)

Turk Products Corp., manufacturer of metal furniture, announces removal of its offices from 55 W. 42nd St. to 67 W. 44th St., New York 18. (Key No. 417)

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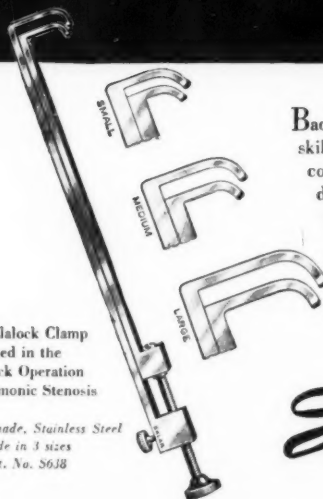
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